

GOVERNMENT OF INDIA
MINISTRY OF HEALTH



INTERIM REPORT OF THE COMMITTEE
APPOINTED BY THE GOVERNMENT OF INDIA
TO STUDY AND REPORT ON THE QUESTION
OF
ESTABLISHING UNIFORM STANDARDS
IN RESPECT OF
EDUCATION & PRACTICE
OF VAIDYAS,
HAKIMS
AND
HOMOEOPATHS.

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HAKIMS AND HOMOEOPATHS.

INTRODUCTION

For Some years past the Central and State Governments have started to investigate and some have decided to give recognition to Indian Systems of Medicine and put them on a standard level with regard to legislations, privileges, protection and standard of education and ethics of medical practice.

The Bhore Committee was appointed by the Government to make a broad survey of the present position in regard to health condition and health organization in British India and to make recommendations for future development. But the committee was not in a position to assess the value of the various systems on account of paucity of time and opportunity to conduct such investigation into the problem as would justify a clear-cut recommendation in respect of the part to be assigned to the indigenous systems of medicine.

In the meanwhile various State Governments passed legislation according to their needs and no uniformity has been maintained. Some States have no legislation enacted as yet. The concept of Travancore legislation seems to be worth considering:—

“It has been the idea of this council to do what has not been so adequately or so fully attempted in many other localities, and to try to bring into a common programme the practitioners of many different systems of medicine. Such systems have got profound divergences both of doctrine and of practice, but the idea underlying the minds of legislators and certainly the mind of the Government was that however different may be the inspiration for these systems of medicine, and however much they may differ as to their methods and conception, yet every system is vitally concerned in seeing that those practising that system use the best methods they can within the limits set by that system and in accordance with the principles and doctrines of that system so that it might be open to the practitioners of any system to claim that he is not there as a fraud or a charlatan, but that steps have been

taken to ensure that the doctrines, which he wishes to bring into operation are those well recognised by a body of institutionally qualified experts. It may also be difficult always to reconcile divergent points of view because the root ideas of some of the systems of medicine are either really or apparently so contrary to one another. But we are here concerned only with the professional standards, professional integrity and the maintenance of those standards and that integrity."

To bring this problem to a uniform standard, to encourage education in the Indian Systems of Medicine and to utilise the services of learned Vaidyas and Hakims in the rural and urban areas, the Chopra Committee was appointed in 1946 by the Central Government and this task was assigned to it.

The Chopra Committee has submitted its report on the following subjects:—

1. Integration of Indian and Western systems of medicine leading to their ultimate synthesis.
2. Education and medical institutions.
3. The organisation of rural medical relief.
4. State control of medical practice and education.
5. Research.
6. Drugs and medicinal preparations.
7. Administration and finance.

From the various recommendations made by the Chopra Committee to finalise items No. 2 and 5, the Pandit committee was appointed and that committee submitted its report in 1951. The Central Institute of Research in Indigenous Systems of Medicine, is already established in Jamnagar since 1952 and it is carrying out research work under the guidance of the Scientific Advisory Council.

To finalise item No. 4 and to come to the practical solution of item No. 2 this Committee has been appointed by the Central Government.

The present committee has been entrusted with the work of recommending the ways and methods and rules to bring about uniformity as regards legislation, medical education and practice of Vaidyas, Hakims and Homoeopaths.

After carefully studying the legislation regarding control of medical education and practice for the various systems of medicine prevalent in India including the modern system we feel that no strict and rigid standard has been maintained even in the modern

system of medicine in spite of the Central and State Medical Councils being established. Many unregistered persons are able to practise, one rarely hears of mal-practices punished or exposed publicly and cases of breach of medical ethics are observed where no notice is taken in respect of such breach. If this is the condition of the well-established modern system it becomes a difficult task to establish all-comprehensive and uniform standard and status of the Indian systems of medicine where many problems still remain unsolved.

But with the advent of independence it becomes our duty to hasten to establish uniform legislation for medical education and practice.

Legislation will consist of two parts: One relating to registration (i.e. no person who is not registered is entitled to practise) and the other relating to punishment for the breach of the Act and the rules thereunder.

Whenever and wherever medical science advanced and flourished on scientific lines such legislation had come in existence—Ancient Greek medicine had promulgated such rules. In India Sushruta has stated in unambiguous terms that a graduate on completion of his study and desiring to begin practice should seek the permission of the State.

अधिगततन्त्रेण उपासिततन्त्रार्थेन दृष्टकर्षणा कृतयोग्येन शास्त्रं निगदता राजानुज्ञातेन
विशाखान्मवेष्टव्या ॥ सुश्रुत-सूत्र १०----२

“Having studied the science, having fully grasped the meaning, having abilities to teach the science, and having secured king's permission to practice, one should undertake a medical practice.”

Sukracharya, in his book Sukra-Niti lays down positively that no physician should be allowed to practice without the permission of the king.

राजाज्ञया विना नैव जनैः कायं चिकित्सितम् ॥

शुक्रनीति २१----१०४

No practitioner can start practice without obtaining permission from the King.

The person who had not studied under the recognised Guru or Institute and had to get registration or permission for practice had to pass the test or examination which would be of as high a standard

as the regular examination of various medical educational institutions.

अर्थं भिषगादितः एव भिषजा प्रष्टव्याष्टीविधं भवति । इति सर्वं यथाप्रश्नं अष्टकं
संप्रकाशितम् ।

कात्स्न्येन चोक्तस्तत्रस्य संग्रहः सुविनिश्चितः ॥

च० सु० २०-२०

The physician candidate should be examined from eight aspects; Thus is described fully the eight fold system of interrogative examination which is determinative of the knowledge of this system of medicine.

This was intended to prohibit the unauthorised ignorant and pretentious exploiters from practising medicine.

Legislation to punish for the misconduct or maltreatment was also very drastic.

भिषजः प्राणा बाधिक मनाख्येयोपक्रममाणस्य विपत्तौ पूर्वस्साहसदंडः । कर्मपराधे मध्यम ।
कर्म विधे वैगुण्यकरणे दण्डपारुष्यं विद्यात् ॥

का० अधि० ४-१.

The physicians undertaking medical treatment without intimating (to the Government) the dangerous nature of the disease shall, if the patient dies, be punished with the first amercement: If the death of a patient under treatment is due to carelessness in treatment, the physician shall be punished with the middle most amercement.

The growth of disease due to negligence or indifference of physician shall be regarded as assault or violence.

वस्तु कर्मसु निष्णातः धाष्टयति शास्त्रबहिष्कृतः । स सत्सु एजां नाप्नोति वधं चाहीत राजतः ॥

सु० सु० २-४

One, who is well-conversant with practical techniques, but through audacity is ignorant of scientific theory is not respected among learned people and deserves capital punishment.

This created such a social atmosphere that the physician had to be ever on guard and before trying any strong measure or operation he had to take permission of the authorities.

Legislation in the codes of Kautilya, the standard authoritative work of ancient India aptly gives the epithet of a thorn to the quack. in section 4 and chapter 76 named कण्टकशोधनम् the word means— "कण्टकशोधनम्"

कण्टकशोधनम्---कण्टकामां प्रजापहिक्त्वात् कण्टकतुल्याः । कारुण्यवैर्दृष्टकादयः तेषां शोधनं तथैव पीडा यथा न भवेत् तथा तच्छामनम्---कण्टकशोधनम् ।

Clearance of thorn—It is stigmatised as a thorn as it behaves like a thorn in hurting the people. Clearance of thorn means the removal of this thorn so that people are no more liable to be hurt from it.

Charaka also uses the same word कण्टक for such quacks and blames the administrator for allowing them to practise. अतो विचारीताः रोगीभिः साराः हन्ताः प्राणानां भिषक्छेदनप्रतिच्छन्नाः कण्टकभूताः लोकस्य प्रतिरूपकसधर्माणां राज्ञां प्रमाद्यत् चरन्ति राष्ट्राणि ॥

च० सू० २६-६ ॥

Opposed to this are the votaries of diseases and the destroyers of life. These charlatans in the robes of doctors, thorns in the flesh of the whole world, with talents similar to those of mimes and mountebanks, move about in the land through the want of vigilance on the part of rulers."

Charak-Samhita and Sushrut-Samhita are very elaborate in their description of the quack and very emphatic in confirming stern and severe punishment to the uneducated and untrained practitioners.

They consider it the duty of the State or king to protect his people from the harm that might otherwise befall them at the hands of pseudo-physician who easily puts on the airs and apparel of the real physician. The existence of such bogus men was considered a blot on the king and the State.

स्नेहादिष्वनीभज्ञा यश्छेद्यादिषु च कर्मसु । स निहन्ति जनं लाभन् कृद्वा नृपदोषतः ॥

सु० सू० ३-५२

"A quack ignorant of the procedure of oleation and other therapies and of operative measures of incisions etc. will through greed, destroy the lives of the people as a result of the King's inattention to such pseudo-physicians."

It was in order to prevent from the harm done by such internal enemies that registration of responsible profession such as lawyers, doctors, etc. came into being.

Thus in ancient India the State took proper care and was vigilant to eliminate by strict methods the charlatan and the ignorant but ambitious crooks from endangering the welfare of the people.

It smoothened the atmosphere for the honest practitioners. Whenever any profession is flourishing, quacks have appeared everywhere and at every time. But the quack in the medical profession is the most dangerous as this profession has to deal with human life, hence medical legislation was very strict in ancient India.

Now that it is intended to bring uniformity in medical education and practice in India it is essential to form basic rules and regulations regarding the education and practice by the Central Government and request the State Governments to enact legislation in their states in conformation with the basic principles.

As the rules and regulations made are strict so also they give privileges and protection to the honest practitioners.

The legislation will serve the fourfold purpose from the States' point of view, i.e.:—

- (i) To safe-guard the public.
- (ii) To facilitate control of practice.
- (iii) To enable the practitioners to get the privileges and rights of bonafide medical practitioners and to protect them against unfair competition by the unqualified persons.
- (iv) To provide an electorate for the provincial branches of the National Medical Board hereafter proposed.

The advantages, privileges and rights which a registered practitioner achieves, will be as under:—

- (a) The right to practise.
- (b) The right to appear in a Court of Law as an expert witness.
- (c) Eligibility for employment by the Government or Local Bodies.
- (d) Permission to stock and prescribe poisonous drugs of the system to which he belongs.
- (e) Realisation of professional fees through a Court of Law.
- (f) Power to issue certificates of birth, death, age, and for life insurance purposes.
- (g) Privilege of association with other registered practitioners.

These privileges and rights are sure to outweigh the limitations prescribed.

Today the domain of the physician is much more enlarged and there is hardly a field of human endeavour that does not require the physician's advice at sometime or other. He is concerned not only with the prevention and cure of disease but the problems of the

rehabilitation of the crippled and handi capped, maternal and Child Welfare, management of mental hospitals, prevention of epidemics, the problems of nutrition, insurance and health projects etc. To-day's physician is expected to be a learned man, a scientist and a social worker prepared to co-operate in team work and in close touch with the people, he serves; a friend and a leader; he will direct all his efforts towards the prevention of disease, and become a therapist when prevention has broken down, the social physician protecting the people and guiding them to a healthier and happier life. Under these widened circumstances, it becomes all the more necessary to so enact that the right persons hold the field of medical profession.

Modern medicine in fact is entering upon a new phase in its history. It is becoming a world medicine. The very ethics of the profession are revolutionized. The patient and doctor's relations are being changed from their former footing of mercy or money, and are being based on the State-rules for the profession. The new tendencies in politics and sociology are bound to carry with them the destiny of the profession, ushering in the socialization of medicine. Under these circumstances it is not only incumbent on the State but it becomes a sacred duty of the State to see that the administration of medical education and practice, as well as of prevention and treatment of diseases is given in the hands of efficiently qualified and deserving personnel.

Appointment of the Committee.

Resolution No. 6: passed at the 3rd meeting of the Central Council of Health held at Trivandrum on the 23rd to 25th January 1955:

"The Central Council of Health recommends that the Government of India should appoint a committee with Shri Dayashanker Trikamji Dave, Minister for Health, Government of Saurashtra, as Chairman and Health Ministers of Bombay, West Bengal, Hyderabad and Travancore-Cochin as members to formulate a uniform policy in respect of the education and regulation of the practice of Vaidyas, Hakims and Homoeopaths. Dr. H. B. N. Swift, Director of Health Services, Punjab may be appointed as the Secretary to the Committee, and the Committee be requested to submit its report within six months from the date of its appointment."

In pursuance of the above resolution, the Government of India were pleased to appoint by their letter No. F.8-11/55 M, dated 27th April, 1955, a Committee consisting of the undermentioned persons

to study and report on the question of establishing uniform standard in respect of education and regulation of practice of Vaidyas, Hakims, and Homoeopaths. (*vide* appendix No. I).

Chairman

Shri Dayashanker Trikamji Dave,
Minister for Health,
Government of Saurashtra, Rajkot.

Members

Health Minister of Bombay
Health Minister of West Bengal
Health Minister of Travancore-Cochin
Health Minister of Hyderabad.

Secretary

Dr. H. B. N. Swift, Principal, Lady Hardinge Medical College,
New Delhi.

Joint Secretary

Dr. P. M. Mehta, Director, Central Institute of Research in
Indigenous Systems of Medicine, Jamnagar.

Dr. C. L. Malhotra, Professor of Pharmacology, Lady Hardinge Medical College, New Delhi and Shri Vasudevbbhai M. Dwivedi, Director of Ayurveda, Government of Saurashtra, Rajkot, were appointed as Joint Secretary and as Adviser on all Ayurvedic problems respectively by the Government of India by their letter No. F. 8-11/55 MI, dated the 11th October, 1955. (*vide* appendix No. II).

Terms of Reference

The terms of reference of the committee as conveyed under the Government of India, Ministry of Health letter No. F.8-11/55 M of 2nd June 1955 are as under: (*vide* appendix No. III).

1. To survey the existing facilities for teaching in Ayurvedic, Unani and Homoeopathic systems of medicine.
2. To recommend specific measures to be taken to improve facilities for training and to establish uniform standards of education in these systems.
3. To make suggestions for the regulation of practice in these systems of medicine including the desirability of State control.

If the opinion of the Committee be in favour of State control, the committee should examine the Draft legislation prepared by this Ministry and recommend what modifications, if any, are necessary and submit a model draft legislation. The Committee may also recommended whether the model draft legislation submitted by it should be enacted by the Union Government or by the respective State Governments.

Period of completing the Report

The period of completing the report was extended from six months to one year from the date of appointment of the Committee under letter No. F. 8-11/55 MI dated the 8th November 1955 from the Ministry of Health, Government of India. It was stated in the above letter that the Committee should submit a progress report to the Ministry of Health by the middle of December, 1955.

Meetings

Informal Meeting.—An informal meeting of the Committee was held at Bombay on 19th May, 1955. Sjt. D. T. Dave, Sjt. Shantilalbhai Shah and Dr. Mehta attended the meeting. The meeting was held to settle some preliminaries about the programme of the Committee. In the meeting it was decided that a questionnaire should be prepared and should be placed before the first meeting of the committee for finalization. The Chairman was requested to write to the Government for amplification of terms of reference.

First Meeting.—The first meeting of the Committee was held at Jamnagar on 25th July, 1955.

The following decisions were taken in this meeting.

I. The questionnaire was finalized and it was decided to send it to the following:—(*vide* appendix No. IV).

1. All States.
2. Teaching Institutions.
3. Hospitals attached to teaching Institutions.
4. Representative bodies of the Profession and
5. Selected Individuals.

II. The staff for this committee was also recommended.

III. It was decided to keep the Headquarters of the committee at Rajkot.

Second Meeting.—The Second meeting of the Committee was held at Hyderabad on 9th and 10th December, 1955. The following decisions were taken in this meeting.

- I. To draft a legislation to be finalized at the next meeting.
- II. Recommendations as regards regulation of practice of medicine.
- III. To survey the existing facilities in teaching of these systems all over India. A decision was taken that the committee should visit the important places where Unani, Ayurveda and Homoeopathy are taught.
- IV. Important persons in the systems should be interviewed and heard.
- V. The report should be finalised in Jamnagar in the month of July 1956.

Informal Meeting.—An informal meeting was held at Jamnagar on 24th December 1955 to prepare the proposed draft Act. Sjt. D. T. Dave, Dr. P. M. Mehta, Dr. C. L. Malhotra and Shri V. M. Dwivedi attended the meeting.

Procedure Followed

A Questionnaire was prepared and it was sent to various States, Institutions etc. as referred to in para No. 7 (*vide* appendix No. V).

Replies to Questionnaire were collected and screened, and abstract Statements of these replies were prepared and placed before the committee for consideration. (*Vide* appendix No. VI).

Below is given a table showing the number of persons who replied to the Questionnaire:—

| <i>Name of the Group</i> | <i>Ayurveda</i> | | <i>Homoeopathy</i> |
|--|-----------------|----|--------------------|
| 1 States | 16 | 2 | 6 |
| 2 Teaching Institutions | 18 | 1 | 10 |
| 3 Hospitals attached to teaching institutions | 2 | .. | 4 |
| 4 Selected Representative Bodies of Profession | 14 | .. | 30 |
| 5 Selected Individuals | 40 | 2 | 10 |
| | 90 | 5 | 60 = 155 |

The existing legislations from various States were asked for. The information regarding the legislation is tabulated as shown in appendix No. VII.

Recommendations of the Committee

The Government of India by their letter No. F.8-125/55MI., dated the 28th October, 1955, informed the Chairman of the Committee that the Executive Committee of the Central Council of Health considered at their second meeting held in New Delhi, on the 17th September, 1955, the resolution No. 3 in connection with the Draft legislation to regulate the practice of medicine, and the Executive Committee emphasised the necessity of enacting as early as possible a suitable and effective legislation to regulate the practice of medicine, but decided to postpone further consideration on this subject until the recommendations of this Committee are received. It was, however, agreed that in the meantime this committee should be requested to take up first the question of regulation of medical practice and forward its recommendations in this respect in the form of a preliminary report and then take up the question of standards of education. The Executive Committee resolved further that the report of this Committee may be submitted in two parts, the part dealing with the regulation of practice of medicine to be presented as expeditiously as possible. In pursuance of this, the Committee decided to take up the question of regulation of practice first.

PART I

Regulation of Practice

After having perused carefully the replies to Questionnaire regarding the regulation of practice, and the various legislations, the committee made the following recommendations in this respect.

1. There should be registers separate for Ayurveda, Unani and Homoeopathy.
2. Persons who are of 15 years' standing prior to the appointed day will be on the register alongwith the institutionally qualified persons and that the rest who have two years' practice on the appointed day should be on a list.
3. Fees should be levied for registration. The amount may however be left to the discretion of each state. Whether only initial registration fee should be charged or a renewal fee also should be charged may also be left to the discretion of the each State.
4. Initially there should be a nominated body to control the practitioners for three years and subsequent bodies may be partly elected and partly nominated.

5. Not more than 1/3 of the members in the board should be nominated and that the Director, Indigenous Systems of Medicine, if any, or Officer in charge of the Indigenous systems of medicine or a Government nominee should be *ex-officio* member of the Council. The composition of the Board should be such as the State may think expedient.
6. There should be separate registers for practitioners in Ayurvedic and Unani and Homoeopathic systems. If the number of practitioners exceeded 100 a separate board should be constituted otherwise a joint register and board are favoured in so far as Ayurvedic and Unani are concerned. Homoeopathy should have a separate register and separate board.
7. The privileges should be given only to registered practitioners and not to enlisted practitioners.
8. Registered Medical Practitioners of Ayurvedic, Unani and Homoeopathic systems of medicine should be treated with regard to the privileges mentioned earlier on par with the practitioners in modern medicine.
9. Unregistered or unenlisted practitioners can practise in rural areas as defined by the State which have no registered practitioners.
10. The term of office of the board should ordinarily be five years. The first board (a nominated one) shall be for three years.
11. So far as professional conduct and practice are concerned there should be separate registration by each State bearing in mind the above principles laid down for the sake of uniformity and there should be reciprocity of registration.
12. For regulating academic teaching and standards the control should vest with the Central Body so constituted.
13. The State legislation should be passed within 2 years and should not await Central legislation.
14. The legislation about Homoeopathy should be also on similar lines. Central legislation embracing regulation of practice, professional ethics and teaching would not be feasible. Since the subject medical qualification is a concurrent subject the Central body may be a co-ordinating body exercising control over academic standards and teaching.

15. The Medical Degrees Act should be amended so that the use of a bogus degree in Ayurveda, Unani and Homoeopathy can be prohibited.
16. In case of States which have existing legislation the question of registration and enlistment need not be reopened, but the amendments may be made to bring the legislation in line with our recommendations.

Keeping the above recommendations in mind Draft legislation to be enacted by each State, is prepared as appended *vide* appendix No. VIII.

D. T. DAVE.

A. A. RAHIM.

SHANTI LAL H. SHAH.

MEHDI NAWAZ JUNG.

A. D. MUKHERJI.



APPENDIX I

LETTER NO. F.8-11/55-M. DATED NEW DELHI, THE 27TH APRIL, 1955.
GOVERNMENT OF INDIA, MINISTRY OF HEALTH, TO SHRI DAYASHANKAR
TRIKAMJI DAVE, MINISTER FOR HEALTH, GOVERNMENT OF
SAURASHTRA, RAJKOT (WITH SIX SPARE COPIES). FROM SHRI A. V.
VENKATASUBBAN, DEPUTY SECRETARY TO THE GOVT. OF INDIA.

SUBJECT:—*Appointment of a Committee to study the question of
formulating uniform standards in respect of education and
regulation of practice of Vaidyas, Hakims and Homoeopaths.*

In pursuance of the resolution passed by the Central Council of Health at Trivandrum at their third meeting held on the 23rd of January, 1955, I am directed to say that the President is pleased to appoint a Committee consisting of the undermentioned persons to study and report on the question of establishing uniform standards in respect of education and regulation of the practice of Vaidyas, Hakims and Homoeopaths.

Chairman

1. Shri Dayashanker Trikamji Dave, Minister for Health,
Government of Saurashtra.

Members

2. Health Minister of Bombay.
3. Health Minister of West Bengal.
4. Health Minister of Hyderabad.
5. Health Minister of Travancore-Cochin.

Secretary

6. Dr. H. B. N. Swift, Director of Health Services, Punjab.

Joint Secretary

7. Dr. P. M. Mehta, Director, Central Institute of Research
in Indigenous System of medicine, Jamnagar.

The Committee should submit its report within six months from the date of appointment. The Committee is authorised a Stenographer and a Clerk both part-time as and when necessary.

The expenditure involved will be borne by the Government of India. The expenditure on travelling and daily allowances of the Chairman and Members in connection with the meetings of the Committee should be met by the respective State Governments. The travelling and daily allowance in respect of Dr. P. M. Mehta will be met from the funds of the Central Institute of Research in Indigenous Systems of Medicine, Jamnagar.

The expenditure to be borne by the Government of India will be met out of the budget provision for the Directorate General of Health Services for the year 1955-56. Re-appropriation orders to cover the expenditure will be issued in due course.



APPENDIX II

COPY OF A LETTER NO. F.8-11/55-MI DATED, NEW DELHI, THE 11TH OCTOBER 1955, FROM SHRI BABU RAM, UNDER SECRETARY TO THE GOVERNMENT OF INDIA, MINISTRY OF HEALTH, TO SHRI DAYASHANKAR TRIKAMJI DAVE, MINISTER FOR HEALTH, GOVERNMENT OF SAURASHTRA, RAJKOT.

SUBJECT:—*Appointment of Committee to study the question of formulating uniform standards in respect of education and regulation of practice of Vaidyas, Hakims and Homoeopaths.*

With reference to your letter No. HC.349/55, dated the 6th September, 1955, I am directed to say as under:—

- (1) Dr. P. M. Mehta, who was first appointed as Joint Secretary to the Committee is to assist the Chairman in carrying on the work of the Committee. As he is nearer the Chairman than the Secretary, Dr. Mehta will work under the Chairman's directions.

Dr. C. L. Malhotra has been appointed as Joint Secretary as Dr. Swift, Secretary to the Committee has subsequently been appointed as Principal of the Lady Hardinge Medical College, New Delhi, and is too busy to find much time for the work of the committee. Dr. Malhotra will attend the meetings of the Committee on behalf of Dr. Swift, and will keep the latter informed of the progress of the committee. The experience gained by Dr. Malhotra as Secretary of the committee appointed by the Government of India to study the type of training in Pharmacology imparted in different parts of the country to students undergoing combined 4½ years' course of training in Ayurvedic and Unani Colleges will also be useful for the committee. The travelling allowance and daily allowance of Dr. Malhotra will be met by the Lady Hardinge Medical College. Thus, Dr. Malhotra is intended to assist the Secretary.

The Director of Ayurveda, Saurashtra Government is to assist the Committee in all Ayurvedic problems on which his advice is sought. Dr. Mehta and the Director of Ayurveda will work in close co-operation with the Chairman.

The Secretary has been declared as the Controlling Officer under S. R. 191, which authorises him to draw T. A. and D. A. for himself and his staff.

- (2) A separate communication will follow regarding the Headquarters of the committee.



APPENDIX III

COPY OF A LETTER NO. F.8-11/55-MI, DATED NEW DELHI-2, THE 2ND JUNE, 1955 FROM SHRI A. V. VENKATASUBBAN, DEPUTY SECRETARY TO THE GOVERNMENT OF INDIA, MINISTRY OF HEALTH, TO SHRI DAYASHANKER TRIKAMJI DAVE, MINISTER FOR HEALTH, GOVERNMENT OF SAURASHTRA, RAJKOT.

SUBJECT:—*Appointment of a Committee to study the question of formulating uniform standards in respect of education and regulation of practice of Vaidyas, Hakims and Homoeopaths.*

In continuation of this Ministry's letter No. F.8-11/55-M, dated the 17th April, 1955, I am directed to say that the terms of reference of the committee appointed in the letter quoted above are as follows:—

- (i) To survey the existing facilities for teaching in Ayurvedic, Unani and Homeopathic Systems of medicines.
- (ii) To recommend specific measures to be taken to improve facilities for training and to establish uniform standards of education in these systems.
- (iii) To make suggestions for the regulation of practice in these systems of medicine including the desirability of State Control. If the opinion of the committee be in favour of State Control the Committee should examine the Draft Legislation prepared by this Ministry and recommend what modifications, if any, are necessary and submit a model draft legislation. The committee may also recommend whether the model draft legislation submitted by it should be enacted by the Union Government or by the respective State Governments.

APPENDIX IV

QUESTIONNAIRE

Questionnaire to be sent to:—

1. The States
2. The Teaching Institutions
3. Hospitals attached to the teaching Institutions
4. Selected representative bodies of the profession
5. Selected Individuals.

NOTES

1. Throughout, the Questionnaire relates to the three systems of medicine, viz.,

- (i) Ayurvedic
- (ii) Unani, and
- (iii) Homoeopathic.

2. Answers relating to each system may kindly be given on separate questionnaire forms.

3. If the space allotted for reply is insufficient, kindly write on separate sheets. Please note that answer to each question or suggestion must be precise and to the point, and not more than one foolscap page (35 lines).

4. Please note that question Nos. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 33, 34, 37, 38, 45 and 46 are meant for States.

5. Nos. 1, 9, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30; 33, 34, 37, 38 45 and 46 are meant for the Teaching Institutions.

Nos. 1, 2, 3, 4, 5, 6, 25, 26, 27, 29, 30, 33, 34, 36, 37, 38 and 46 are meant for the Hospitals attached to the Teaching Institutions.

Nos. 1, 31, 32, 33, 34, 39, 40, 41, 42, 43, 44, 45, and 46 are meant for selected representative bodies of the Profession.

Nos. 1, 31, 32, 33, 34, 35, 36, 37, 38, 45 and 46 are meant for Selected Individuals.

NOTE: Replies can be given to questions meant for other if so desired.

5. The Questionnaire should be returned duly filled in by the 5th January, 1956 to the office of the Committee, at the following address:—

Shri D. T. Dave Hon. Health Minister, Secretariat, Rajkot.

1. Please state to which system
your answers refer 1
2. Number of Hospitals attached to
the teaching Institutions, maintained
by 2
- (a) Government (a)
- (b) Local authorities, (b)
- (c) Private agencies, Grants-in-
aid and without (c)
3. Teaching staff in the Hospital 3
- (a) Minimum qualification
prescribed for the staff (a)
- (b) Number qualified (b)
- (c) Number unqualified (c)
4. Number of patients treated in these
hospitals' 4
- (a) In-patients (a)
- (b) Out-patients (b)
5. Number of patients treated accord-
ing to the following categories :—
- (i) Medical (i)
- (ii) Surgical (ii)
- (iii) Maternity & gynecological
etc. (iii)
6. Are Hospitals attached to the teach-
ing Institutions manufacturing any
medicines for their own purpose. 6
- If so which and how and what
is the cost.
7. Give the figures of teaching Hos-
pitals, Colleges and schools and
research Institutions 7
- (a) In modern medicines (a)
- (b) Ayurveda (b)
- (c) Unani (c)
- (d) Homoeopathy (d)

8. Give the figures of expenditure incurred by the State on each of the following :

| | Teaching Hospitals | Colleges | Schools | Research Institutes |
|--|-----------------------|--|---------|------------------------|
| (a) Modern | (a) | | | |
| (b) Ayurvedic | (b) | | | |
| (c) Unani | (c) | | | |
| (d) Homoeopathy | (d) | | | |
| 9. Number maintained by | 9 | | | |
| (a) (i) Government | (i) | | | |
| (ii) Local Bodies | (ii) | | | |
| (iii) Private Agencies | (iii) | | | |
| (b) Total expenditure on (a) above by the Government for the years : | (b) | | | |
| (i) 1953-54 | (i) | | | |
| (ii) 1954-55 | (ii) | | | |
| (c) Name, Location Staff with their qualifications in all Institutions and Government grants made to them. | (c) | Please answer on the Form 'A' appended herewith. | | |
| (i) Give the strength of the staff in each subject separately | (i) | | | |
| 10. Is registration in your State compulsory or optional | 10 | | | |
| What is the minimum standard of registration in your State. | | | | |
| 11. Number of practitioners of the system | 11 | | | |
| (a) Registered | (a) | | | |
| (b) Registered with diploma or degree from recognised Institutions | (b) | | | |
| (c) Registered without any diploma or degree | (c) | | | |
| (d) What are the privileges enjoyed by the registered practitioners of | (d) | | | |

- (i) Modern System . . . (i)
(ii) Ayurveda . . . (ii)
(iii) Unani. . . (iii)
(iv) Homoeopathy . . . (iv)
12. What is the policy of the Government regarding teaching of . . . 12
- (i) A. Ayurveda . . . A
B. Unani . . . B
C. Homoeopathy . . . C
- (ii) Regulation of Practice of
A. Ayurveda . . . A
B. Unani . . . B
C. Homoeopathy. . . C
13. Can the existing Vaidyas, Hakims and Homoeopaths be utilised as an immediate measure in any scheme of health services by giving them refresher course ? . . . 13
14. Has a Board of Medicine of this system been established in your State . . . 14
15. Has a Faculty of Medicine of this system been established in your State ? . . . 15
- If so, since when and what is the composition ? . . .
16. Has the University in your State recognised and established a separate faculty of this system ? . . . 16
- If so, since when and what is the composition ? . . .
17. Has the curriculum and standard of examination been laid down . . . 17
- If so, please send a copy of the same.
18. Have you adopted a system of training by Gurus in your State ? . . . 18
- (a) If so please give your standard of a person as Guru . . . (a)
(b) What is the method of selection of a Guru . . . (b)
(c) How many recognised Gurus are there . . . (c)

What is the curriculum and standard of admission and standard of examination and what is the minimum period of training ?

19. (a) Name of teaching Institute . 19 (a)

(IN BLOCK LETTERS)

(b) Full postal address . . (b)

(c) Year of establishment . (c)

20. What is the curriculum ? . . 20

(i) Pre-clinical . . . (i)

(ii) Clinical . . . (ii)

Please supply a copy of the prospectus and annual report for the last two years.

(a) Have you got the necessary text-books ? . . (a)

Please give a list of text books and reference books you use.

(b) Are the text-books in English Sanskrit, Hindi or any other language ? . . (b)

(Specify the language)

(c) If suitable books are not available, what suggestions do you make for producing them (c)

(d) What is the length of course (d)

(i) What is the method of selection for admission of Students ? . . . (i)

(ii) What is the basic qualification for admission ? . (ii)

(iii) What should be the proper standard of basic education and method of selection ? . (iii)

21. Are the premedical subjects *vis.*, Chemistry, Physics and Biology are taught in your college or only the students having passed these examinations are admitted ? 21

22. Are the facilities and equipment sufficient ? Please give a list . 22(a)

- (a) of equipments
- (b) Have you got a library ? If so, give the number of books and journals (b)
- (c) What are the number of theoretical lectures in each subject. What is the period of the lecture ? . (c)
- (d) What are the numbers of practical demonstrations and hours of practical work in each subject ? (d)
- (e) Is the examination taken in all three methods ? (e)
 - (i) In theoretical (i)
 - (ii) Practical (ii)
 - (iii) Oral (iii)

23. Do you suggest any improvement ? 23

- (i) Is the curriculum well balanced ? (i)
- (ii) Does the curriculum give a satisfactory basic education in all branches of medicine ? (ii)
- (iii) Is there a case for shortening the basic curriculum by omitting detailed studies of certain subjects ? (iii)
- (iv) Should more detailed attention be given to certain branches of medicine and common diseases ? (iv)
- (v) Should the students after graduating undergo internship ? If so what type of training should be given to them ? (v)
- (vi) What is the ratio of hospital beds to the number of the students ? (vi)
 - (a) Existing (a)
 - (b) Recommended (b)

24. What is (a) the number of admissions every year ? . . . 24(a)
- (b) Total No. of students at present ? . . . (b)
- (c) No. passed out every year . . . (c)
- (d) What is the expenditure per students per annum ? . . . (d)
- (e) What is the hostel arrangement ? (e)
- (f) How many male and female students are there ? . . . (f)
25. Is there a hospital attached ? . 25
If so, of how many beds ? .
26. What is the number of . . . 26
- (i) Nurses . . . (i)
- (ii) Dais . . . (ii)
27. Is there a manufacturing pharmacy? 27
If so, are the medicines manufactured according to a recognised Pharmacopoeia ? . . .
Please send a copy of that pharmacopoeia . . .
28. Are the following subjects being taught ? . . . 28
- (a) Anatomy . . . (a)
- (b) Physiology . . . (b)
- (c) Surgery . . . (c)
- (d) Pharmacology . . . (d)
- (e) Midwifery . . . (e)
- (f) Gynaecology . . . (f)
- (g) Ophthalmology . . . (g)
- (h) Ear, Nose and Throat diseases . . . (h)
- (i) Public Health & Hygiene . . . (i)
- (j) Pathology . . . (j)
- (k) Medical Jurisprudence . . . (k)
- (l) Biochemistry . . . (l)
- (m) Pharmacy. . . . (m)

If these subjects are to be added, state how they should be arranged with the existing syllabus :

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- 29 (a) Are any practical classes held 29 (a)
in subjects of anatomy, phy-
siology, biochemistry, phar-
macology, Pharmacy and
pathology including bac-
teriology. . . .

Please give the curriculum in
each subject.

- (b) Are there any separate wards (b)
in the hospitals where treat-
ment is carried out in mo-
dern systems of medicine
- (c) Please give full information (c)
regarding the number of
beds in each ward ? .
Medical
Surgical :
Maternity
Gynaecological
Eye & Ear Nose and throat

- Are there any out-patient (d)
(d) departments where treat-
ment in modern system of
medicine is carried out ?
Please give details . . .

- (e) Please mention where out- (e)
door department and In-
door treatment in modern
system of medicine is car-
ried out
- (f) What is the type of treatment (f)
carried out in medical wards
and out-patient department
i.e. whether Ayurvedic,
Unani, Homocopathy or
modern medicine ? . . .

- (g) Please state whether the (g)
modern drugs are used as a
routine in medical and out-
patients department . . .

- (h) What is the duration and (h)
length of time each student
attends each of these wards
and out-door department ?

30. Is there any post-graduate Train- 30
ing?

If so, any research being carried out?

If so, state the nature of research and lines on which it is carried out

(Copies of any such research publications may kindly be supplied)

31. Are you in favour of any control over the teaching and practice of these systems of medicines on the lines of the control by the Indian Medical Council or on which other line ? 31

32. Should there be post-graduate study in Ayurveda, Unani or Homoeopathy for the graduate of Modern medicine ? 32

If so give details of method and period of study

33. What measures can be taken to improve the facilities for training in these systems of medicine ? 33

34. Should there be a uniform standard of teaching and examination of your system all over India ? 34

35. Please state special research on this systems to which you have carried out. Please supply copies of your research publications 35

(Describe briefly the method of clinical investigations you use)

36. In addition to the physical examinations are any laboratory tests or technique peculiar to these systems, used by you ? 36

37. Are you in favour of any control over the teaching and practice of this system, if so on what lines ? 37

38. What measures can be taken to improve the facilities for training in this system of medicine ? 38

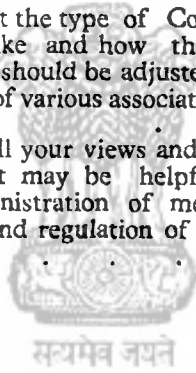
39. Whom do you or your association represent ? 39

(a) Local Body

(b) Provincial

(c) All India

40. Please give the No. of members of your associations 40
(Give a list of office bearers)
41. What are the main objects of the association ? 41
42. Have you any control over 42
(i) Individual Practitioners ()
(ii) The teaching institutions (ii)
(iii) Examination ? (iii)
43. Have you any teaching or research institutes of your own ? 43
- If so answer question Nos. meant for them.
44. Do you suggest any State control or co-ordination in the management of education and practice ? 44
45. Please suggest the type of Council you would like and how the representation should be adjusted in the Council of various associations. 45
46. Please give all your views and suggestions that may be helpful in future administration of medical education and regulation of practice. 46



FORM A

Question No. 8(c) List of Colleges, Schools and Research Institutes etc.

*Ayurvedic-Unani-Tibbi-Homosopathic

*(Delete system not applicable)

| Name, particular of institution, and full postal address. | Whether run by (i) Government (ii) Local Body (iii) Private agency | TECHNICAL STAFF | | Number Qualified | Government Grants for | | Library books & Equipment |
|---|---|------------------------|-----------|------------------|-----------------------|---------|---------------------------|
| | | Minimum qualifications | Qualified | | 1953-54 | 1954-55 | |
| | | | | | | | |

APPENDIX V

AYURVEDA

I. STATE.

1. Indian Medicine Department, Hyderabad.
2. Dy. Director of Medical & Health Services (Ayurveda), Uttar Pradesh.
3. Director of Health Services, Madhya Pradesh.
4. Government of Kutch, Kutch.
5. Government of Hyderabad, Hyderabad.
6. Health Department, Madhya Bharat, Gwalior.
7. Director of Ayurveda, Bombay.
8. Dy. Director of Health Services, Assam.
9. Government of Vindhya Pradesh, Rewa.
10. Board of Ayurvedic and Unani Tibbi Systems of Medicine, Bombay.
11. Faculty of A. U. S. M. Bombay.
12. Chief Medical Officer, Kutch.
13. Health & Administration Department, Kurnool.
14. Committee for shudha Ayurvedic Course, Bombay.
15. Director of Ayurveda Medical Service, Government of Saurashtra, Rajkot.
16. Director, Health Services, Punjab.

AYURVEDA

II. TEACHING INSTITUTIONS.

1. Rishikul Ayurvedic College, Hardwar.
2. M.B.G. Ayurvedic College, Gwalior.
3. State Ayurvedic College, Lucknow.
4. Dayanand Ayurvedic College, Jullundar.
5. O. H. Nazar Ayurvedic Mahavidyalaya Hospital, Samaj.
6. Superintendent, O.H.N. Ayurvedic Mahavidyalaya, Surat.
7. Taranath Ayurvedic Vidyapith, Bellary.
8. Karnatak Ayurvedic Society, Belgaum.
9. Laxmivilas Vidyashala, Trivendrum.
10. Aryangla Viadyak Mahavidyalaya, Satara City.
11. Rajkumarsingh Ayurvedic College, Indore.
12. Rammohan Ayurvedic College, Guntur.
13. Vidarbha Ayurvedic Mahavidyalaya, Amaravati.
14. Ayurvedic Mahavidyalaya, Poona.

15. R. A. Podar Medical College, Bombay.
16. Gopabandhu Ayurvedic Vidyapith, Puri.
17. Shri G. A. Society, Jamnagar.
18. The Ayurvedic and Unani Tibbi College, New Delhi.

AYURVEDA**HOSPITAL**

1. Baroda Municipality, Health Museum.
2. M. A. Podar Hospital, Bombay-18.

AYURVEDA**IV. SELECTED REPRESENTATIVE BODIES**

1. Mahagujarat Vaidya Mandal, Bombay.
2. General Secretary, Nikhil Utkal Vaidya Samelan, Cuttack.
3. Bombay Medical Association (Ayurvedic), Bombay.
4. Bombay Rajya Vaidya Samelan Bombay.
5. Madhya Pradesh Agragami Vaidya Mandal, Nagpur.
6. Secretary, Maharashtra Prantiya Vaidya Mandal, Poona.
7. All India Ayurvedic Congress, Delhi.
8. Vidarbha Mahavidyalaya, Amravati.
9. Shri Akhil Kutch Vaidya Maha Sabha, Mundra (Kutch).
10. Government Ayurvedic and Unani College, Graduates' Association, Mysore.
11. All India National Medical Association, Dehradun.
12. Ayurveda Vaidya Sangha, Mysore.
13. The Board of Ayurvedic and Unani Systems of Medicine, New Delhi.

AYURVEDA**SELECTED INDIVIDUALS.**

1. Sahityacharya Vedic Dhananad Pant, Vidyanarva, Delhi.
2. P. H. Deshpande, Poona.
3. S. R. Hiremeth, Bijapur.
4. J. P. Jaswal, Bhandara.
5. W. S. Barlingay, Nagpur.
6. Rajvaidya Jivram K. Gondal.
7. Someshwar My. Bhatt, Bombay.
8. Vomanrao D. Vaidya, Bombay.

9. Kvj. Dr. Triloknath S. Lucknow.
10. Dr. V. Gore, Jabalpur, M.P.
11. Pt. Thakur Datt Sharma, Dehradun.
12. Vaidya Ratanji R., Kutch.
13. Vaidya V. S. Hiremeth, Solapur.
14. V. B. Bhardwaj, Hardwar.
15. Bhanushanker P. Shastri, Surendranagar.
16. Dr. N. Sen Gupta, Puri.
17. Vdj. Pratapsinh, Banaras.
18. Vallabharam Vaidya, Ahmadabad.
19. Prabhushaker D. Shukla, Bhuj.
20. Vaidya V. M. Bakre, Belgaum.
21. N. M. Pathak, Baroda.
22. Vdj. Vaghaji Solanki, Kutch.
23. Kvj. Anant Tripathi Sharma.
24. Sobhagyachand L. Bavishi, Kapadvanj.
25. S. N. Bose, Indore.
26. Khyilram Dwivedi, Indore.
27. Dattatreya Shastri, Nasirabad.
28. Kashiram S., Nasik.
29. Pratapkumar P. Vaidya, Bombay.
30. P. C. Jain, Sagar.
31. M. G. Joshi, Poona.
32. Harilal Kalidas Betulganja.
33. P. N. Avasthi.
34. Tarashanker.
35. Brahamaddata Sharma, Bhusavala.
36. Dhananand Pant, Delhi.
37. Pt. Shiv Sharma, Bombay.
38. Kvj. Ashutosh Majumdar, New Delhi.
39. Shri Jadavji Acharya, Bombay.
40. Sri Jagannath R. Puri.

UNANI

1. The Principal, Government Ayurvedic and Unani College, Mysore.
2. Hakim Abdul Ahmad Saheb, Fazil Tibb-o-Jalahat, Delhi, Principal, Government Tibbi College, Patna.
3. Director of Health Services Indian Medicine, Government of Hyderabad.
4. Secretary, Health and Administration Department, Kurnool.
5. Hakim Chattan Ram H. Bhatia, Madhya Pradesh, Khandla, Nagpur-5.

HOMOEOPATHY**GROUP I****THE STATES**

13. Board of Homoeo. and Bioch. Systems of Medicine, Nagpur.
32. General Council, State Faculty, Calcutta.
34. State Homoeo. Medicine Board, U.P., Lucknow.
47. Secretary to the Government, Health and Local Administration, Kurnool.
57. Indian Medicine, Government of Hyderabad, Hyderabad.
58. Director of Health Services, Madhya Pradesh.

HOMOEOPATHY**GROUP II****TEACHING INSTITUTIONS**

2. The Andhra Provincial Homoeo. Medical College and Hospital, Gudivada.
9. Nagpur College of Homoeo. and Biochem., Nagpur.
11. D. N. De Homoeo. Medical College and Hospital, Calcutta.
12. Principal, The Utkal Homoeo. Medical College, Cuttack.
14. Dr. S. K. Bose, Calcutta Homoeo. Medical College and Hospital, Calcutta.
26. Midnapur Homoeo. Medical College and Hospital, Midnapur.
30. The Imperial Homoeo. College and Hospital, Puri.
38. The Royal College of Homoeo. Physicians, Ernakulam.
49. Bengal Medical Homoeo. College and Hospital, Calcutta.
52. Dr. N. L. Nandurkar, Homoeo. Biochemic College, Yeotmal.

HOMOEOPATHY**GROUP III****HOSPITALS**

16. Kusuma Rural Homoeo. Dispensary, Kamasamudram.
 24. Ramkrishna Clinic, Kandiwalli, Bombay.
 - *50. Homoeo. Hospital, Government of Bombay, Bombay.
 - *48. Bengal Allen Homoeo. Medical College, Calcutta.
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REPRESENTATIVE BODIES.

3. Dr. K. G. Saxena, Hon. Homoeo. Physician to the President of India, Delhi.
4. The Indian Homoeopathic Association, Calcutta.
5. The All India Institute of Homoeo., Delhi.
6. Homoeo. Medical Rotary Club, Howrah.
7. West Bengal Regd. Homoeo. Practitioners' Association, Calcutta.
8. All India Homoeo. Association, Calcutta.
10. Burdwan Division Homoeo. Association, Howrah.
17. Colar District Homoeo. Association, Kolar.
19. Dr. R. N. Dutt, President, District Homoeo. Medical Association, Gaya.
20. Central Homoeo. Medical Association, Punjab, Jullundur.
21. President, Travancore-Cochin Homoeo. Federation, Trivendrum.
23. Secretary, District Homoeo. & Bio. Association, Bombay.
27. All Cochín Homoeo. Medical Association, Kirnakulam.
28. All Tamilnad Homoeo. Medical Association, Tiruchirapalli.
35. The Delhi Homoeo. Medical Association, Delhi.
36. The All Tamilnad Homoeo. Med. Br. Association, Madras.
37. The District Homoeo. and Biochemic Association, Saugor.
- 23.
39. All Assam Homoeo. Med. Association, Dibrugarh.
41. Calcutta Homoeo. Hospital Society, Calcutta.
- *43. The Grace Medical Mission, Navelikara.
45. The Puri District Homoeo. Association, Puri.
46. The International Hahnemannian Society of India, Calcutta.
51. Homoeo. Post Graduate Association, Bombay.
53. The West Bengal Homoeo., Conference, Calcutta.
54. Northern India Homoeo. Med. Association, Amritsar.
55. Jagdish K. Daggan, Regional Director for India World Homoeo. Medical Congress, Jabalpure.
- *42. Calcutta Homoeo. Hospital Society, Calcutta.
59. Homoeopathic Medical Association, Delhi.
60. All India Homoeo. Medical Association, Delhi.
61. Utkal Homoeo. Society, Cuttack.

1. Dr. S. Seal, Homoeo. Research Worker, Calcutta.
 15. Dr. N. L. Singha, Electro Complex Homoeo., Nagpur.
 18. Dr. G. C. Patre, Puri.
 22. T. S. Pantulu, Guntur.
 29. Dr. M. R. Govinda Pallai, Quilon.
 31. Vasantshambhu Jagirdar, Vhalisoaun.
 33. South Indian Homoeo. Medical Association, Madras.
 - *44. Dr. M. S. Kirloskar, Bombay.
 56. (Illegible).
 - *40. Dr. A. B. Dutt, Calcutta.
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APPENDIX VI

SUMMARY OF REPLIES TO QUESTIONNAIRE, RELATING TO THE REGULATION AND PRACTICE OF MEDICINE

AYURVEDA

I STATE.

Question No. 10—Is registration in your State compulsory or optional? What is the minimum standard of registration in your State?

No.

1. Optional will become compulsory after the enforcement of the Act which under Government sanction.

The candidates are required to undergo a test by the sub-committee.

2. It is optional. A separate note is enclosed in this connection with the original questionnaire.

3. Optional. Vaidyas are registered on 10 years' practice basis and on passing final examination from the recognised institutions.

4. No registration. Does not arise.

5. Optional, will become compulsory after the enforcement of Act which under Government sanction now. Diplomas granted by institutions recognised by Government. The candidates are required to undergo a test by the sub-committee.

6. Registration at present in this State of M.B. is optional for some time and thereafter compulsory. Minimum standard at least 5 years' practice, any certificate of a recognised institutions course of which is not less than two years.

7. Compulsory. Persons who possess one of the schedule qualifications recognised by the Government are legible for registration under B.M.P. Act 1938 in Bombay State.

8. Optional. Ordinarily persons having qualified from a recognised Ayurvedic Institutions or having wide and extensive practice in that system for at least not less than 10 years are registered. Kvj. all ready registered under a recognised board of Indian Medicine in India are also registered.

13. Compulsory for employment dispensaries under local bodies, C class under Central Board of Indigenous Medicine, i.e. those who passed the Village Vaidyas training.

14. Registration is compulsory in the State of Bombay the minimum standard of registration for registration is the possess of any one of the several qualification including in the schedules of the Bombay Medical Act 1912, the Medical Practitioners Act 1938, and the Homoeopathic Act 1951. There are three separate councils for the control respectively of (i) Allopaths, (ii) Vaidyas and Hakims and (iii) Homoeopaths.

AYURVEDA

II TEACHING INSTITUTIONS.

Question No. 10

1. Yes. Compulsory.

3. Any Ayurvedic or Unani degree or diploma recognised by the Board of Indian Medicine, U.P.

AYURVEDA

III HOSPITALS.

1. Compulsory D.A.S.F.

AYURVEDA

V. SELECTED INDIVIDUALS.

Question No. 10

5. In Madhya Pradesh there is at present no bar to private practice without Registration.

AYURVEDA

I. STATE.

Question No. 11—Number of Practitioners of the system:

(a) Registered.

(b) Registered with diploma or degree from recognised Institutions.

(c) Registered without any diploma or degree.

(d) What are the privileges enjoyed by the registered practitioners of—

(i) Modern System.

(ii) Ayurveda.

(iii) Unani.

(iv) Homoeopathy.

1. A. B. C. on the 30th June, 1955, the number registered Ayurvedic Vaidyas was 22,889 and that of Unani Hakims was 6,518. It is not possible to give figures separately (other than those given above).

In major portion the physicians have been registered by the virtue of their being of sufficient standing reputation and ability in indigenous systems of medicines.

(d) No distinction is made between the registered practitioners of modern system and Ayurveda and Unani.

2. (a) 5,080, (b) and (c) not known, (d) Registered practitioner can sign or authenticate a birth or death certificate required by any law or rule for the time being in force to be signed or authenticated by a fully qualified medical practitioner.

(ii) Can sign or authenticate medical or physical fitness certificate.

(iii) Can give evidence at any inquest or any court of law as an expert under section 45 of the Indian Evidence Act 1872.

3. It is not possible to supply this information as there is no system of compulsory registration of medical practitioners in Kutch.

4. (a) 267, (b) 87, (c) 180; they may practice and may be eligible for Government service and issue medical certificate to patients in superior service other than Gazetted Officers.

5. (a) 257, (b) 666, (c) 1,905, (d) it is a separate system, not included in this questionnaire. The privileges enjoyed by the Registered practitioner of indigenous system of medicine according to section 35 of the M.B. Indian Medicine Act, Sambat 1009 Act 1952 are as follows:—

(a) Sign or authenticate a birth or death certificate required by any law or rule to be signed or authenticated by a duly qualified medical practitioner.

(b) Sign or authenticate a medical or physical fitness certificate required by any law or rule to be signed by a duly qualified medical practitioner.

(c) Medical practitioners possessing qualifications mentioned in clauses (i), (ii) and (iii) of the schedule recognised by the Board shall be qualified to give evidence at any inquest or in any court of law as an expert under section 45 of the Indian Evidence Act.

6. (a) 8,633 Ayurvedic and Unani 696, (b) Ayurvedic 1,666 and Unani 58, (c) Ayurvedic 6,967, Unani 638. They enjoy the privileges mentioned in section 19 of the B.M.P. Act 1938.

AYURVEDA

I. STATE.

Question No. 11

(i) to (iv) According to which the registered medical practitioners are eligible; (i) to hold any appointment as physician surgeon and (ii) issue certificate required by any Act.

12. (a) 4,772.

(b) G.C.I.Ms. 502.

H.P.I. Ms.

(c) B. Class 4,132.

C. Class 138.
4,270

this number does not include those who have not furnished their addresses, etc.

(i) to (iv) If they are registered they can seek employment in the dispensaries of modern and Ayurvedic system of medicines on a regular basis.

AYURVEDA

REPRESENTATIVE BODIES.

Question No. 11

13. (a) 1,530, (b) 662, (c) 868.

AYURVEDA

I. STATE.

Question No. 12

What is the policy of the Government regarding teaching of—

(i) (a) Ayurveda, (b) Unani, (c) Homoeopathy.

Regulation of practice of—

(a) Ayurveda, (b) Unani, (c) Homoeopathy.

1. We are keen to put it on sound basis and also upgrade it.

(ii) Gradually they want to stop the practice by unqualified persons.

2. Government Ayurveda College has been recently started. There will be five and a half years' course. Matriculates are admitted. In the first year Sanskrit will be taught as compulsory subject.

(ii) At present any one can practice even without Registration. There is no legislation to prohibit the quacks.

3. To promote Ayurvedic study.

(ii) Nil.

4. Ayurveda subjects are taught with Modern subjects in Ayurvedic College but the more concentration is given to all Ayurvedic subjects. The aim of the Ayurvedic College is to produce efficient and self-sufficient practitioners of Ayurveda.

(ii) (a) Ayurvedic practitioners should practise only as per Ayurvedic system of medicine.

5. To encourage Ayurvedic system of medicine and to bring it on most upto date scientific lines.

(b) The practice of Ayurvedic system is regulated by the M.B. Indian Medicine Act, Samvat 2009 (Act No. 28 of 1952) and the rules made thereunder.

6. Government is very keen to encourage the Ayurvedic system of medicine and to promote the science of Ayurveda and Ayurvedic teaching. There is one Government Ayurvedic College for degree course and five private colleges to which Government is paying grant-in-aid at the rate of 50 per cent. of the approved expenditure. There are also seven Shuddh Ayurvedic Vidyalayas and 31 Gurus imparting instructions in the Shuddh Ayurvedic Diploma course and Government is contemplating to pay grants to them on similar basis. Gurus will be given grants on *ad-hoc* basis.

AYURVEDA

REPRESENTATIVE BODIES.

Question No. 12

6. (b) Government have sanctioned some scholarships (to the extent of whole college expenditure) to the Unani students of the State undergoing Unani course at Ayurvedic and Unani Tibbi College at Delhi for the period of the whole course.

(ii) (a) and (b) Government have enacted the Act, viz. 'The B.M.P. Act 1938' to regulate the qualifications and to provide for the registration of practitioners in Ayurvedic and Unani systems of medicine with a view to encourage the study and spread of such system. Accordingly to this Act, the Ayurvedic and Unani practitioners who pass one of the qualifications prescribed in the schedule appended to the Act, are eligible for registration under the Act.

7. The policy of the Government regarding teaching of Ayurvedic in the State is to encourage the study of that system on modern scientific lines through research, etc., with a view to develop the same and make it as attractive to the people of the State as the modern system of medicine are. The Ayurvedic College is proposed

to be upgraded to the degree course under the Second Five Year Plan.

- (ii) As regards regulation of the practice of the Ayurvedic system of medicine, it is the policy of the Government to establish regulation and control over that system by a gradual process. For this purpose, they have established a Board of Ayurvedic Medicine, Assam, in the State (under executive rules specially framed for the purpose without having recourse to legislation at the present stage) with a view to encourage the study and spread of Ayurvedic system of medicine, and to supervise and regulate the Ayurvedic education and practice in the State.

11. (i) (b) To promote Ayurvedic study.

12. The Government have constituted an Expert Committee on Ayurveda. The reports have been received. The decision on the policy of the Government will be taken after the examination of the committee report is completed.

13. (i) (a) Mishra and Shuddha; (ii) a B.M.P. Act 1938.

15. A diploma course, prepared by Board of Ayurvedic Systems of Medicine is instituted at Sheth J.P. Ayurveda Vidyalaya, Bhavnagar. I am of the view that there should be uniform degree course in Ayurvedic College throughout India.

AYURVEDA

I. STATE.

Question 13—Can the existing Vaidyas, Hakims and Homoeopaths be utilised as an immediate measure in any scheme of health services by giving them refresher course?

1. Yes.

2. Some of them may be utilised by giving them refresher course.

3. Some may be utilised.

4. Yes.

5. All cannot be utilised immediately. No doubt a few candidates can be available for this purpose.

AYURVEDA

I. STATE.

Question No. 13

6. The services of qualified Ayurvedic Graduates which are available at present may be made use of for all opportunities in public service. Vaidyas who are well experienced and profound knowledge in Ayurveda may also be offered responsible public posts

in the interest of country as a whole and their services, knowledge, experience, etc., may be utilised for the promotion of the Ayurvedic science and for the welfare of the people.

7. Not at the present moment.

11. Some may be utilised.

13. Refresher-course will attract a general practitioner only if he is convinced that attendance at such a course is going to aid him materially. This would be possible only if the practitioners are provided some place in the new health scheme that may be sponsored.

15. Yes.

AYURVEDA

HOSPITALS ATTACHED TO
TEACHING INSTITUTE.

Question No. 13

1. Certainly, provided during study scholarship is granted and latter a paying job.

AYURVEDA

SELECTED REPRESENTATIVE
BODIES.

Question No. 13

11. The Vaidyas and Hakims who have qualified from Government recognised institutions and have studied for four or five years should be immediately absorbed in health services. Other non-qualified but registered Vaidyas and Hakims may also be absorbed after giving them refresher course.

12. Yes.

6. Yes. The existing Vaidyas can be utilised as an immediate measure in any scheme of health services by giving them training under refresher courses. There are two types of such Vaidyas. Those practising after coming out from existing colleges and those who have studied under the Guru Parmapara Paddhati.

AYURVEDA

I. STATE.

Question No. 14—Has a Board of Medicine of this system been established in your State?

1. Yes.

2. Yes.

3. No.

4. Yes.

5. Yes.

6. Yes.

7. Yes.

8. No.

11. No.

12. Constitution of Central Board of Indigenous Medicine is under consideration.

13. A Board of Medicine for the Ayurvedic and Unani systems of Medicine exists in this State.

AYURVEDA

HOSPITALS ATTACHED TRUSTS.

Question No. 14

1. Yes.

AYURVEDA

I. STATE.

Question No. 31—Are you in favour of any control over the teaching and practice of these systems of medicines on the lines of the control by the Indian Medical Council or on what other line?

1. Yes please.

3. Yes.

4. Yes.

7. Yes, as by Indian Medical Council.

9. Yes. Broadly speaking, Ayurvedic teaching and practice should be controlled by Central Council of Ayurvedic Physicians. The Central Council should be analogous to the Indian Medical Council inasmuch as it should consists of Vaidyas exclusively.

10. Yes. Ayurvedic teaching and practice should be controlled by a Central Council of Ayurvedic Physicians. The composition and function of the Central Council should be strictly analogous to the Indian Medical Council inasmuch as non-Ayurvedist should not interfere with or influence the decisions of the Central Council.

11. Yes.

13. Yes. Ayurvedic teaching and practice should be controlled by a Central Council of Ayurvedic Physicians. The compositions and function of the Central Council should be similar to the Indian Medical Council.

15. Yes.

16. Provided the Government machinery through and through consists of the devotees of and pledged to the development of Ayurvedic and Unani systems of medicine based upon their own fundamental principles.

AYURVEDA

TEACHING INSTITUTIONS.

Question No. 31

2. Yes. There must be a Central Council of Medicine to control the education in Indian Medicine throughout India.

3. Yes. But controlling body must be separate from the Indian Medical Council.

4. Yes.

5. Yes. Control by the Ayurvedic Council to be based on the pattern of Indian Medical Council.

9. Yes. I am in favour of a Central Board of Indigenous Medicine which should prescribe and control the standard of teaching and practice of the indigenous systems throughout India.

AYURVEDA

TEACHING INSTITUTIONS.

Question No. 31

11. Yes. On the lines of the control by the Board of Indian Medicines or the faculty for the Indian medicine.

12. Yes.

17. A Central Council of Indian Systems of Medicine should be established by the Central Government and should be empowered by an Act to regulate and control examinations, registrations and other matters relating to the Indian Systems of Medicine. This has been already suggested by the Chopra Committee in their report—volume, Pg. 192, Clause No. 366.

No person should be taken in this council as a representative of systems other than Indian systems of medicine.

The Act should be so broad-based that the States can make necessary changes to suit local requirements.

AYURVEDA

SELECTED REPRESENTATIVE
BODIES.*Question No. 31*

1 A Central Council completely representative and responsible to the profession be constituted as stated below to control teaching and practice of Ayurveda. It should be guaranteed by the above

council that no compulsory legislation shall be applied for the ensuing twenty years according to Section 37 of the Bombay Medical Practitioner's Act 1838 in rural areas.

Constitution of the Council.—(1) The Council should consist of about 40 members.

- (2) Two representatives from each State, one elected by the Board and the other elected representative of the Faculty on any controlling body of the State for teaching of Ayurveda.
- (3) Eight members to be nominated by the Government in consultation with the President of the All India Ayurveda Congress.
- (4) Government should not nominate any non-Ayurvedist on the Council. The Act framed by the Council should be so broad based that the States can make necessary changes arising from local requirements. An entrance examination specially for knowledge of Sanskrit and including other pre-requisite subject required for the post graduate course of Ayurveda be compulsorily kept for the adequate grasp of Ayurveda for the Graduates of other recognised medical science.

The number of such modern medical graduates should be strictly 10 per cent. of the total number of admissions to the post-graduate Ayurveda course and it should not exceed under any circumstances.

2. We are in favour of control over the teaching and practice of Ayurvedic systems of medicines on the line of Indian Medical Council.

3. Yes. A control is very much essential on teaching and practice both. But the spirit manifested in the Medical Council Act of 1933 is rather narrow. We should be more liberal minded as it is not fair to put legal hindrances in expansion of one's knowledge nor utilisation of it.

4. Yes. Ayurvedic teaching and practice should be controlled by a Central Council of Ayurvedic Physicians.

AYURVEDA

SELECTED REPRESENTATIVE
BODIES.

Question No. 31

5. Yes. We are in favour of control over the teaching and practice of Ayurveda on the lines of the Indian Medical Council by a Central Council of Ayurvedic Physicians and in its turn should be controlled by the State. The Central Council should consists of Vaidyās exclusively.

6. Yes. Broadly speaking, Ayurvedic teaching and practice should be controlled by a Central Council of Physicians. The Central Council should be analogous to the Indian Medical Council in such a way that non-Ayurvedist may not interfere with the affairs or influence the decisions of the Central Council.

7. Yes. Ayurvedic teaching and practice should be controlled by a Central Council of Ayurvedic Physicians.

9. (a) The teaching of this system might be regulated in standardization in all Ayurvedic Colleges under the Bharat Ayurveda Maha Vidyalaya, which may work under the instructions of the All India Ayurveda Maha Sammelan.

So far, there are no such Snataks (graduates in Ayurveda) and practitioners, sufficient to provide the wide rural area of Bharat to serve, it would not be advisable to control the practice as the most of the public gets cured by small practitioners in least expense, i.e. first supply trained practitioners and then control over them, and this will take at least 25 years, i.e. Practitioners Control Act may come in force after 25 years.

(b) So, for the first time, small practitioners' course for training should be regulated, who should be enlisted and forced to practice only in villages.

(c) The teaching by Gurus also to be allowed in standard course.

10. Yes.

11. Yes. There should be State-wise and Central control over the teaching, and practice and drugs manufacture in respect of these systems of medicines on the very lines of the control by the Indian and State Medical Councils.

12. Yes. By Ayurvedic Congress (All India) which is in existence since 40 years.

AYURVEDA

SELECTED INDIVIDUALS.

Question No. 31

2. Yes, broadly speaking, Ayurvedic teaching and practice should be controlled by a Central Council of Physicians. The Central Council should be analogous to the Indian Medical Council so that non-Ayurvedists may not interfere with the affairs or influence the decision of the Central Council.

3. Yes, it is essential that there should be a control by the Ayurvedic Council on the lines of the Indian Medical Council. That council should consist of purely Ayurvedic physicians.

4. I am in favour of the control over the teaching and practice of Ayurvedic medicines. I do not know the mechanism of Indian Medical Council fully but I think it justifiable to give the control over such body especially formed for Ayurveda. It should look over the activities of the system and should do the work of standardization of this Pathy. This council may also do the publication of necessary books, may form bodies to test efficiency of different forms in Ayurveda. This council can systematise books (Shal) for studies and give appropriate number for the one named many medicines (Mahat Bruhat Lagh) to Nos. 1, 2, 3, etc. with names of basical Ras or Churna, etc. drugs (Pharmacy made Drugs) which are named as 'X' in one book while the same is found as 'Y' in the other (for example see Rasendu Sar Sangrah). This will enable the Ayurvedic pharmacies to prepare standard medicines. This will also be helpful with the teaching and practising Vaidyas.

The Council may for some years, take the administration of the colleges all over India. Professors may be transferred all over India—in colleges of States, while the expenses of the college be borne by the State. This will give a uniform form of teaching in study. In the same way, many ideas can come out.

5. So far as teaching is concerned there should be two kinds of courses—

(1) A Short Course of two years' duration.

(2) Course of the same standard as M.B., B.S.

(a) This uniformity secured by having a central controlling authority like the Indian Medical Council.

(b) Unregistered practitioners should not be prohibited from practising by any penal provision of law.

6. Yes, teaching and practice of Ayurveda should be controlled by a Central Council of Ayurvedic Physician. It should enjoy the same status and exert equal influence, as is the case with Indian Medical Council. It should be independent, and should consist of Vaidyas only. There should be no interference of non-Ayurvedists.

7. A Central Council completely representative and responsible to the profession be constituted as stated below to control teaching and practice of Ayurveda. It should be guaranteed by the above council that no compulsory legislation shall be applied for the ensuing 20 years, according to section 37 of the Bombay Medical Practitioner's Act, 1938.

Constitution of the Council

- (1) A council should consist of about 40 members.
- (2) Two representatives from each State, one elected by the Board and other elected representative of the faculty or any controlling body of the State for teaching of Ayurveda.
- (3) Eight members to be nominated by the Government in consultation with the President of the All India Ayurveda Congress. Government should not nominate any non-Ayurvedist on the Council.

The Act framed by the council should be so broad based that the States can make necessary changes arising from local requirements.

8. The Central Council completely representative and responsible to the profession be constituted as stated below to control teaching and practice of Ayurveda.

It should be guaranteed by the above council that no compulsory legislation shall be applied for the ensuing 20 years. According to section 37 of the Bombay Medical Practitioners' Act 1938.

Constitution of the Council

1. The Council should consist of about 40 members.
2. Two representatives from each State, one elected by the any controlling body of the State for teaching of Ayurveda.
3. Eight members to be nominated by the Government in consultation with the President of the All India Ayurveda Congress.

AYURVEDA

SELECTED INDIVIDUALS.

Question No. 31

8. Government should not nominate any non-Ayurvedist on the Council. The Act framed by the Council should be so broad based that the States can make necessary changes arising from local requirements.

9. Yes.

10. I am of the opinion that a committee consisting of Ayurvedists alone should control the teaching and practice of Ayurveda. They should decide the line of control. Ayurvedists who have knowledge of other systems too, must be preferred.

11. Yes, control by the council with a view to help and guide.

12. Yes.

13. Yes. I prefer control by a body on co-operative basis. It should be formed by election.

14. I am in favour of control through a Board representing the Ayurvedic profession on the lines of Indian Medical Council.

16. Yes, the teaching and practice should be controlled on lines of the Indian Medical Council.

17. Yes, the teaching and practice should be under the control of the strong Ayurvedic body recognised by the Government of India.

18. There should be a body controlling the education and practice in each State, and the Board should consist of the members in which 75 per cent. of the members are elected from the Vaidyas.

20. There should be control over the education and practice in any system of medicine. The final authority of rules and regulations should be in the hands of the expert concerned, of the subject.

21. (a) The teaching of the system might be regulated in standardization in Ayurvedic Colleges which may under the instruction of the Ayurveda Maha Sammelan.

So far are no such (Snatak) Graduates in Ayurveda and practitioners, sufficient to provide the wide rural area of Bharat to serve, it would not be advisable to control the practice, as the most of the public gets cured by small practitioners, in least expense, i.e. first supply trained practitioners and then control over them; and this will take at least 25 years, i.e. practitioners control Act may come in force after 25 years.

(b) So, for the first time, Small Practitioners' Course for training should be regulated who should be enlisted and forced to practice only in villages.

(c) The teaching by Gurus also allowed in the standard courses.

22. I am in favour of control over the teaching and practice of the Ayurvedic system of medicines. The teaching should be uniform throughout India and provision should be made in the Universities for teaching Ayurveda. A Central Board of Indian Medical Relief may be established and the Medical Council of the States should be affiliated to it.

24. Yes. On the line of the Medical Council. The Central Ayurveda Council should be composed of Ayurvedists of all shades, from all over India and deserving Ayurvedic College along with a few exponents of modern medicines, sympathetic towards and well wisher of Ayurveda should find place in the Council.

25. Yes, on the lines of Indian Medical Council.
218 M. of Health.

28. I am in favour of having appropriate control over the teaching and practice of Ayurveda with the following reservation:—

- (a) For the next twenty years or so there should be no embargo on the practice of any unregistered practitioner anywhere in India except that he should be made to conform to the Code of Medical Ethics and that he should not be allowed to advertise practice.
- (b) Subsequently, non-unregistered person should be allowed to practice anywhere except in villages—as is envisaged under Section 37 of the Bombay Medical Practitioners' Act 1938.
- (c) Control over teaching Ayurveda all over India is not feasible, at present because of diversity in the courses of studies from one State to another. Once some sort of semblance of uniformity in the basis of the cause of studies is arrived at one can, then, think of appropriate way to control the teaching of Ayurveda on an All India scale.
- (d) I would like to state at this stage, that in my opinion we will have to evolve three courses of studies for Ayurveda, if we are really keen on making it serviceable to Indian masses. The first would be a degree course, the degree holders being entitled to Central and State Government Medical Services. The second would be a diploma course and the diploma holders would be absorbed in Subordinate Medical Services. The third would be a certificate course and the certificate holders would be recruited to Village Medical Services.

29. According to my views teaching and practice should be controlled as below:—

- (a) For teaching as stated in No. 37 it should be controlled by a Council like the Medical Council of India directly under the control of the Government of India.
- (b) The control of practice should be left to the States' Governments who will regulate it and will make necessary laws to prohibit unauthorised practice.

30. Yes; Ayurvedic teaching and practice should be controlled by a Central Council of Ayurvedic physicians. The Central Council should be analogous to the Indian Medical Council inasmuch as non-Ayurvedists should not interfere with or teaching the decision of the Central Council.

31. Prohibition is necessary for the teaching and practice of Ayurveda. It should not come into existence at least for a period of 20 years as there are no sufficient qualified Vaidyaś and Doctors in

India at present. If the prohibition is introduced, poor will not get the medical aid which they are getting at present. The qualified Doctors and Vaidyas would not like to go to the villages and to serve them. Because they would demand a higher fee for medicine and for their visit. Eighty per cent. of the population in India require Ayurvedic medical aid. So there is no need of controlling them, and when there are sufficient qualified Doctors and Vaidyas are available then and then control can be introduced.

32. Yes, but with due liberal modifications. In the frame law, the spirit of monopolising should be replaced by the spirit of helping and improving the system.

33. There should be control over the teaching and not on practice. A separate Board should be created consisting of learned and prominent Vaidyas.

34. The teaching and practice of Ayurveda should be controlled by the Central Committee consisting of Vaidyas.

35. Yes.

37. Yes. Ayurvedic teaching and practice should be controlled by a Central Council of Ayurvedic Physicians. The Central Council should be analogous to the Indian Medical Council inasmuch as no non-Ayurvedist should interfere with or influence the decisions of the Central Council, and that it should consist of Vaidyas exclusively.

38. Yes. Teaching in Indian medicine should be controlled by a Central Council of Indian Medicine. The Council should be analogous to Indian Medical Council inasmuch as no non-Ayurvedist/Unani should interfere with or influence the decisions of the Council of Indian Medicine.

39. A Central Council of Indian Systems of Medicine should be established by the Central Government and should be empowered by an Act to Regulate and Control Examinations Registrations and other matters relating to the Indian Systems of Medicine. This has been already suggested by the Chopra Committee in their report—volume, Pg. 192, Clause No. 366.

No person should be taken in this Council as a representative of systems other than Indian Systems of Medicine.

The Act should be so broad-based that the States can make necessary changes to suit local requirements.

40. A Central Council of Ayurveda should be framed to control and conduct the Ayurvedic practice and education in the Indian Unani. Powers of this Council should be the same in Ayurvedic line as the Medical Council has in Modern Medicine. Its function should entirely be shield from all—non-Ayurvedic influences

AYURVEDA

STATE.

Question No. 37—Are you in favour of any control over the teaching and practice of this systems if so on what lines?

1. On the same line as those of the Indian Medical Council more or less.

2. I am not in favour of control over the teaching, but over the practice. The practice should be restricted to only registered practitioners and quacks should be prohibited to practice through legislation.

3. Yes. By a Board.

4. By establishing a Central Council.

5. Yes. Ayurvedic system should be controlled, by a Central Indigenous Council of Medicine which should be established on the lines of the Indian Medical Council.

6. Yes. There should be control over the teaching and practice of Ayurvedic Medicine on the following lines:—

- 6. (a) Uniform standard of basic qualification for admission.
- (b) Uniform standard of duration of the course.
- (c) Curriculum.
- (d) Registration.

7. Yes.

8. No.

11. Yes, by a Board.

12. This can be considered while examining the reports.

15. Yes, there should be control over the teaching and practice of Ayurvedic medicine on the following lines:—

- (a) Uniform standard of basic qualification for admission.
- (b) Uniform standard of the duration of the course.
- (c) Curriculum.
- (d) Uniform registration.

AYURVEDA

TEACHING INSTITUTIONS.

Question No. 37

1. Yes. Some body just like Indian Medical Council be formed.

2. Yes, there must be a Central Council of Indian Medicine to control Council of Indian Medicine to control the education in Indian Medicine throughout India.

3. Yes, I am in favour of opinion only for qualified Vaidyas in field of practice.

4. Yes. On Modern lines.

6. All India Ayurvedic Council should control the teaching and practice.

7. Teaching must be controlled. Admission must also be controlled. Merely stipulating terms won't help. The Government preferably Central, must help existing institutes to raise the standard by opening Ayurvedic hospitals, etc. Practice should be restricted to institutionally trained people only. There must be a common registration in one and the same register. Higher qualifications and experience leading to better jobs. The tendency developed in Madras for separate registration for G.C.I.M. & L.I.M.S. as against other Ayurvedic physicians is to be ended forthwith before it spreads to other States too. People registered in Ayurveda should practice Ayurved and employed in Ayurvedic hospitals alone, and not in allopathic dispensaries. If this is allowed in a few years Ayurveda will die away.

8. The Bombay Government has already done it and the same methods may be adopted.

9. Yes. I am in favour of Central Board of Indigenous Medicine which should prescribe and control the standard of teaching and practice of the indigenous system throughout India.

10. Yes. There should be an All India Board of Control who should be entrusted with the work of directing work in Ayurvedic institutions.

11. Yes. By the Boards of Indian Medicine or Faculty or on the lines of Indian Medical Council as possible.

12. I am in favour of control by constituting a council statutory basis and appointing a special Director to supervise.

13. Yes. I am of opinion that there should be control over teaching and practice of Ayurveda.

14. Yes, on the same line as the All India Medical Council.

15. There should be control over the teaching and practice of Ayurvedic medicine on the following lines:—

- (a) Uniform standard of basic qualification for admission.
- (b) Duration of the course.
- (c) Curriculum.
- (d) Uniform registration.

16. Yes, on the lines of the control by the Indian Medical Council.

17. I am of the opinion that education and practice of Indian systems of medicine should be regulated in the way I have suggested in the answer to 31st question.

18. There should be a Central Control of Indian Medicine which will lay down the syllabus of studies, frame rules and regulations of the examinations and have power to inspect periodically teaching institutions under its control and have common register of all qualified practitioners.

AYURVEDA

HOSPITALS ATTACHED TO TEACHING INSTITUTIONS.

Question No. 37

2. There should be control over the teaching and practice of Ayurveda medicine on the following lines:—

- (a) Uniform standard of basic qualification for admission.
- (b) Duration of the course.
- (c) Curriculum.
- (d) Uniform registration.

AYURVEDA

SELECTED REPRESENTATIVE BODIES.

Question No. 37

8. Yes, I am of opinion that there should be control over teaching and practice of Ayurveda.

12. Yes, by men selected by the All India Ayurvedic Congress.

AYURVEDA

SELECTED INDIVIDUALS.

Question No. 38

2. The Bombay Medical Practitioners Act of 1938 with its amendment in 1953 and subsequent to that is enough to control the practice and training of the system.

5. Except for prohibiting private practice by unauthorised practitioners through a penal provision, I am all in favour of reasonable control.

7. To regulate the instructions, practice and ethics in the Indian systems of medicine, there should be a Statutory Board in every State, constituted with the members elected by registered Vaidyas and a Faculty representative of teaching Institutions and registered Vaidyas. As for the Central controlling body please see the answer to the question No. 31.

8. To regulate the instruction, practice and ethics in the Indian system of medicine, there should be a statutory board in every State constituted with the members elected by registered Vaidyas and Faculty representative of teaching institutions and registered Vaidyas. As for the Central controlling body please see the answer to the question No. 31.

10. There should be uniform standard of teaching and in my opinion undergraduate of modern medicine should be admitted for a period of one year's course.

12. Yes. Control is necessary over the training and practice. Registration should be compulsory.

13. Pure Ayurvedic lines. There should be some control.

14. A University like control is essential for teaching institutions and practice. There should be a separate body like the Indian Medical Council to control.

17. Control over the teaching and practice of Ayurvedic system should be on the line of the British Medical Council.

23. Yes. The control of the teaching and practice should be assigned to the Faculty of Indigenous Systems of Medicine and each State should have such faculty for the purpose. There should be a uniform examination throughout India and University should be advised to conduct such examinations.

26. It should be under the control of an All India Body organised for the purpose consisting of Vaidyas of all shades from every part of the country along with a few exponents of modern medicine, well-wishers of and sympathetic towards Ayurvedic aspiration.

30. There should be control over teaching and practice of Ayurveda by the Government. My scheme as follows:—

(a) *For the control of teaching.*—There should be an All India Body directly controlled by the Central Government like the Medical Council of India which should supervise the teaching and adequate facilities and equipment in the hospitals for training the students exists, in the institution teaching Ayurveda. The All India Body to supervise should consist of eminent persons of Ayurveda who will look after the Ayurvedic colleges and will give recognition to them.

(b) *Control of practice.*—This should be left to the State Governments. The State Governments should make necessary laws to prohibit practice by unregistered persons. The registration should be equal of status without refining classes in it.

32. At present, there is no need of controlling them. If there is need in future, it should be done by the Committee of Experts Ayurvedists and not by Doctors, which should be kept in notice.

33. Yes, not exactly on the lines of I.M.C. but on parallel lines.

34. There should be control over teaching and not on practice. A separate Board of Ayurvedists should be formed for teaching.

36. Yes, there should be a control by the State just as on the allopathic system of medicine.

38. There should be a Central Committee of Indian Medicine which will lay down the syllabus of studies, frame rules and regulations for examination and have power to inspect periodically teaching institutions under its control and have a common register of all qualified practitioners.

39. I am of the opinion that education and practice of Indian systems of medicine should be regulated in the way. I have suggested in the answer to 31st question.

AYURVEDA

STATE.

Question No. 44—Do you suggest any State control or co-ordination in the management of education and practice?

3. Yes. Certainly.

9. The State should provide the necessary executive authority for putting into effective practice the decisions of the Central Council referred to in the answer No. 31.

10. The State should provide the necessary executive authority for putting into effective practice the decisions of the Central Council referred to in the answer No. 31.

11. Yes. Certainly.

13. There should be separate councils in each State for the control of practice in Shuddha Ayurveda and for advising Government in matters of education in Shuddha Ayurveda.

15. Yes.

16. Certainly. State control and co-ordination in the management and practice is very necessary for the proper development of these systems provided the officers appointed for this are well versed in these systems and are sympathetic towards proper and unhindered development of these long neglected sciences. In short there should be a separate Directorate for it.

AYURVEDA

TEACHING INSTITUTIONS.

Question No. 44

4. Yes.

5. There should be State control in the management of education and practice in Ayurveda. All India Ayurvedic Council should be created on the lines of I.M.C. such body will look after the education and practice of Ayurveda.

9. At present our college has three types of control:—

- (1) Academic control by Travancore University.
- (2) Financial and administrative control by State Government.
- (3) A general control over the conduct of the institution by the Medical Council for Indigenous Systems.

As I suggested before there should be a Central Board of Indigenous Medicines which must be vested with full powers to control the education and practice of the indigenous systems throughout India.

9. It will be more beneficial if a general scheme and standard of education approved by this Board be insisted upon throughout India.

To create village physicians and maintain the numerical strength of the village practitioners I suggest that a short course of three years be started by the State Governments. As the majority of population of Bharat are villagers this system of creating village physicians seems to be very important. Though some orthodox medical educationists are against the lowering of standard of education. I believe the needs of country are more significant than the needs of the reorganisation of education.

17. To regulate the instruction, practice and ethics in the Indian systems of medicine there should be a Statutory Board in every State, constituted of members elected by registered Vaidyas and recognised institutions of education in these systems.

AYURVEDA

SELECTED REPRESENTATIVE
BODIES.

Question No. 44—Do you suggest any State control or co-ordination in the management of education and practice?

1. To regulate the instruction, practice and ethics in the Indian systems of medicine, there should be a Statutory Board in every

State constituted with the members elected by registered Vaidyas and a Faculty representative of teaching institutions and registered Vaidyas.

2. We are in favour of control over the teaching and practice of Ayurveda system of medicine on the line of Indian Medical Council.

4. To regulate the instruction, practice and ethics in the Indian systems of medicine, there should be a Statutory Board in every State constituted with the members elected by registered Vaidyas and a Faculty representative of teaching institutions and registered Vaidyas.

6. The answer to this is nearly the same as for No. 31 with the only addition that by the control of the Council suggested in the answer, co-ordination in the Ayurvedic education throughout India can be achieved.

7. To regulate the instruction, practice and ethics in the Indian systems of medicine, there should be a Statutory Board in every State constituted with the members elected by registered Vaidyas and a Faculty representative of teaching institutions and registered Vaidyas.

9. Yes. As stated in Question Nos. 31, 32 and 34.

10. State Control.

11. The best way would be to adopt the Medical Council Control System.

12. Yes. State Control.

13. No.

AYURVEDA

**SELECTED REPRESENTATIVE
BODIES.**

Question No. 44

1. To regulate the instruction, practice and ethics in the Indian systems of medicines, there should be a Statutory Board in every State constituted with the members elected by registered Vaidyas and a Faculty representative of teaching institutions and registered Vaidyas.

2. We are in favour of control over the teaching and practice of Ayurveda system of medicine on the line of Indian Medical Council.

4. To regulate the instruction, practice and ethics in the Indian systems of medicine, there should be a Statutory Board in every

State constituted with the members elected by registered Vaidyas and a Faculty representative of teaching institutions and registered Vaidyas.

6. The answer to this is nearly the same as for No. 31 with the only addition that by the control of the Council suggested in the answer, co-ordination in the Ayurvedic education throughout India can be achieved.

7. To regulate the instruction, practice and ethics in the Indian systems of medicine, there should be a Statutory Board in every State constituted with the members elected by registered Vaidyas and a Faculty representative of teaching institutions and registered Vaidyas.

9. Yes. As stated in Question Nos. 31, 32 and 34.

10. State Control.

11. The best way would be to adopt the Medical Council Control System.

12. Yes. State Control.

13. No.

AYURVEDA

SELECTED INDIVIDUALS.

Question No. 44

13. We are trying through Federation.

14. No State Control. There should be one Central Control.

AYURVEDA

STATE.

Question No. 45.—Please suggest the type of Council you would like and how the representation should be adjusted in the Council of various associations?

3. Board.

5. The Council should have representatives from provincial boards, individuals, Ayurvedic associations and Universities having Ayurvedic or Unani facilities.

6. The Central Council suggested in the answers to question No. 31 may consist of the following:—

One member from each State elected by State branch of the All India Ayurvedic Congress, the half a century old All India representative body of the Ayurvedic Congress, one member from each State nominated by the respective State Government from amongst the State Ayurvedic bodies or institutions, boards, faculties and

colleges. The members may elect their own President, and the Central Government may appoint an official Secretary for this Council. As the number of States shall decrease after the recommendations of the State Re-organisation Commission are put into practice the total membership of the Council shall be less than 40. The Council should elect an Executive Committee consisting of seven members to conduct the routine work and the policy of the Council. The life of the Council may be fixed from 3 to 5 years.

7. Just like the Indian Medical Council.

8. I am of the humble opinion that there should be Council of Ayurveda physicians.

9. The Central Council suggested in the answers to the question No. 31 may consists of the following:-

One member from each State elected by State Branch of the All India Ayurvedic Congress, the half a century old All India Representatives body of the Ayurvedic profession, one member from each State nominated by the respective State Government from amongst the State Ayurvedic bodies or institutions, boards, faculties and colleges. The members may elect their own President, and the Central Government may appoint an official Secretary for this Council. As the number of States shall decrease after the recommendations of the State Re-organisation Commission are put into practice the total membership of the Council shall be less than 40. The Council should elect the Executive Committee consisting of 7 members to conduct routine work and the policy of the Council. The life of the Council may be fixed from 3 to 5 years.

10. Ditto.

13. The Council suggested above may be constituted on the model of the State Medical Council for control of Allopathic practitioners.

15. Central Council of Indian medicine is necessary on the line of I.M.C. We may call it Council of Indian Medicine as suggested in Chopra Committee Report, Vol. I, p. 193, Section 366. There should be full representation of Ayurvedists only.

16. There should be only one provincial association of both systems or at the most two (Ayurvedic and Unani practitioners). The representation should be given according to their numbers.

Question No. 45

1. Indian National Medical Indigenous Council be formed with the representatives of Faculties for Ayurveda and State Governments as well as Medical Association representatives.

2. If the Governments cease to give step-motherly treatment to these systems of medicines then only this question arises and gets importance. The questions are themselves very easy to solve. In each State there should be a State Board formed on the lines of the M.P. State Board. The presidents of the State Boards will form a Central Council which will control the standard of training, practice and research.

3. All India Medical Council of Ayurveda containing three members from State Ayurvedic Colleges. Directors of Ayurveda in each State, three from Ayurvedic Institutions (teaching) three from registered renowned Vaidyas, two from graduates of Ayurveda, two representatives of Ayurvedic pharmacies of reputation.

4. According to the lines of Indian Medical Council, Associations should be represented in the Council.

5. I would like All India Ayurvedic Council just on the lines of Indian Medical Council. The representations in such a committee should be from:—

(a) Duly passed Graduates of the Recognised Colleges, D.A.S.F., G.A.F.M. of Bombay and other such existing qualifications of various States;

(b) Universities with Ayurvedic Faculties;

(c) State Faculties of all States.

6. (1) The All India Ayurveda Vidyapith and the provincial branches should be represented.

(2) Every teaching Institute should be given representation.

(3) The Boards of rural medicine created by the States should be represented.

(4) The Centre should nominate some persons.

7. We have provincial Ayurvedic bodies in all the States—in India and representatives of these bodies and representatives from Ayurvedic teaching institutions and the such other Ayurvedic institutions may be represented.

8. I agree with the conditions stipulated in the Medical Practitioners Act for representation in the Council. The proposed Central Board of Indigenous Medicine must be composed of representatives of the State Medical Councils. By this adequate representation in the Council can be successfully managed.

9. An All India Council where all teaching institutes should be represented along with scholars and research workers.

10. On the lines of Indian Medical Council.

11. The Council should be constituted on statutory basis. Seats should be provided for the representatives of teaching institutions and graduates of these institutions. Further seats should also be provided to the representatives of different associations. The Council should also represent eminent scholars and individuals of the profession who may not represent in any one of the above classes.

12. This should be determined by All India Federation of Vaidyas and Hakims of this system.

13. The Ayurvedic Medical Council should be on the same lines as the I.M.C. The representatives should however vary according to the existing institutions and qualified personnel. I suggest that—

- (1) There should be one elected member from each university possessing an Ayurvedic Faculty.
- (2) There should be one nominated member from each State Faculty.
- (3) Ten representatives of the medical profession elected from qualified and recognised registered Ayurvedic practitioners.
- (4) Five members nominated by the State Governments in order of rotation.
- (5) Three members nominated by the Union Government.

14. Ayurvedic teaching and practice should be controlled by the Central Council of Ayurvedic Physicians. The Central Council should be strictly analogous to the Indian Medical Council. It should consist of Vaidyas exclusively.

15. There should be a Central Council of Indian Medicine composed of—

- (1) Representatives of various States Board and Faculties elected or nominated by such Board and Faculties.
- (2) One member from each of the recognised and affiliated teaching institution.
- (3) Five members to represent the registered practitioners. The members will elect their own President and the Central Government may appoint an official Secretary. The Council shall elect an Executive Committee consisting of seven members to conduct the day to day business. Three to five years period should be given.

Question No. 45

AYURVEDA

2. In our opinion there should be a statutory body, namely National Medical Board having two autonomous sections, one for Indian medicines and other for modern medicines which should have authority for laying down and maintaining standard of teaching and the practice and appellate authority over disciplinary action taken by the Provincial Branches of their respective systems.

3. We would like to have a council like Indian Medical with changes suggested above. Regarding representation group all practitioners in following blocks:—

- (1) Registered Vaidyas but not qualified from the Government recognised institutions.
- (2) Qualified Vaidyas from Government recognised institutions.
- (3) Vaidyas of institutions like colleges, hospitals, research representing the university Vaidyas.
- (4) There should be equal representation from all the four sources, i.e., each State will send four members—
 - (a) from qualified Vaidyas (one).
 - (b) one from non-qualified Vaidyas,
 - (c) one from all the colleges, hospitals and research centres,
 - (d) one from all the universities of the State,All these members should be elected from respective bodies.
- (5) Members can be nominated from the Central Government including Secretaries.

4. The Central Council suggested in the answers to Question No. 31 may consist of the following:—

One member from each State elected by State Branch of the All India Ayurvedic Congress, the half a century old All India Representative Body of the Ayurvedic Profession, one member from each State nominated by the respective State Government from amongst the State Ayurvedic bodies or institutions, boards, faculties and colleges. The members may elect their own president, and the Central Government may appoint an official secretary for this council. As the number of States shall

decrease after the recommendations of the State Reorganisation Commission are put into practice the total membership of the Council shall be less than 40. The Council should elect an Executive Committee consisting of 7 members to conduct the routine work and the policy of the Council. The life of the Council may be fixed at from 3 to 5 years.

5. The Central Council should be constituted in the manner by which the allied association half of their related representatives the other half should be nominated from amongst the State Ayurvedic bodies or institutions, Boards, Faculties and colleges. The President of the Council should be elected by the members of the Council. The number of the Council should be less than 50. The Secretary of the Central Council should be appointed by the State. The Central Council should elect an Executive Committee consisting of 7 members. The life of the Central Council should be fixed at from 3 to 5 years.

6. The Council suggested in the answer to Question No. 31 should consist of the following:—

One member from each State elected by State Branch of the All India Ayurvedic Congress, half a century old All India representative body of the Ayurvedic profession, one member from each State nominated by the respective State Government from amongst the State Ayurvedic bodies or institutions, Boards, Faculties and colleges. These members should elect their own chairman and the Central Government should appoint a Secretary to the Council after the recommendations of the State Reorganisation Commission are put into effect, the total number of members of the Council shall be less than 40. The Council should elect an Executive Committee consisting of 7 members if however, the view of the present Medical Council, *viz.* the election and nomination of the Council should be strictly restricted to the medical graduates passed from the recognised institutions be accepted no eminent learned Vaidyas will get scope in it, and the Council will be deprived of their valuable help. Before this Act came into force in various States majority of Vaidyas had taken their training at the hands of learned Gurus. This system called 'Guru' has been lately recognised by the State Government, questions to that effect have been asked in the questionnaire. In such circumstances, election and nominations may be effected from amongst practitioners and from the Provincial Vaidyas Mandals

with the consultation of the All India Ayurvedic Congress. The qualification of the candidates should not necessarily be academic, but the learned Vaidyas with sincerity in their profession and good reputation in the public should be considered a sufficient qualification for standing for election. In short, every R.M.P. must be eligible for election.

7. The Central Council suggested in the answers to Question No. 31 may consist of the following:—

One member from each State elected by the State Branch of the All India Ayurvedic Congress, the half a century old All India Representative Body of the Ayurvedic Profession, one member from each State nominated by the respective State Government from amongst the State Ayurvedic bodies or institutions, boards, or institutions, boards, faculties and colleges. The members may elect their own President, and the Central Government may appoint an official Secretary for this Council. As the number of States shall be decreased after the recommendations of the State Re-organization Commission are put into practice the total membership of the Council shall be less than 40. The Council should elect an Executive Committee consisting of 11 members to conduct the routine work and the policy of the Council. The life of the Council may be fixed at from 3 to 5 years.

8. This should be determined by All India Federation of Vaidyas and Hakims of this system.

9. There should be one Council such as the All India Ayurvedic Congress under whose instructions, the Bharat Ayurvedic Vidyapith may work for teaching and regulating examinations. This Vidyapith may also construct teaching books, texts and Ayurvedic works. All colleges and teaching institutions may teach according to the rules and regulations under supervision of the Vidyapith. Every Snatak should be forced to practise in villages for the first 5 years. Each college should have its hospital and a garden well-furnished with medicinal plants, trees and herbs on botanical point of view. The Council should have some research centres, the research made by them, should be put to light for the knowledge of the Vidyapith, every association of the system, and the general public. Each association and institute should be the member of the Council for representation.

10. We suggest the establishment of State Council and an over all controlling body, at the Centre, i.e., the Central Council. Associations of Qualified People should be given more representing associations. The ratio should be 4:2. There should be a uniform course
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all over India. Duration of course five years. One degree. All the basic subjects anatomy, physiology, pharmacology, medicine, bacteriology, etc., must be taught along with the subject of Indian medicine (Ayurvedic or Unani).

12. Three from each of the existing associations (registered) and 20 members from the All India Ayurvedic Congress to be constituted as the first step.

13. There should be a Central Council of Indian Medicine composed of:—

- (1) Representatives of various State Boards and Faculties elected or nominated by such Board and Faculties.
- (2) One member from each of the recognised and affiliated teaching institution.
- (3) Five members to represent the registered practitioners.

The members will elect their own President and the Central Government may appoint an official Secretary. The Council shall elect an Executive Committee consisting of seven members to conduct the day to day business. The life of the Council may be fixed at from three to five years.

SELECTED INDIVIDUALS.

Question No. 45

AYURVEDA

2. The Council suggested in the answer to Question No. 37 should consist of the following:—

One member from each State elected by State Branch of the All India Ayurvedic Congress, half a century old All India Representative Body of the Ayurvedic Profession, and one member from each State nominated by the respective State Government from amongst the State Ayurvedic bodies and institutions, boards, faculties and colleges. These members should elect their own Chairman, and the Central Government should appoint a Secretary to the Council. As number of States shall decrease after the S.R.C. Report are put into effect the total number of members of the Council shall be less than 40. The Council should elect an Executive Committee consisting of 7 members. If, however, the view of the Medical Council, viz., the election and nomination of the Council should be strictly restricted to the medical graduates passed from the recognised institutions, be accepted, no eminent learned Vaidyas will get any

scope in it, and the Council will be deprived of their valuable services. Before the Act came into force in various States, majority of the Vaidyas had had taken their training at the hands of the learned Gurus. This system called the Guru parampara has been lately recognised by the Bombay State Government. Question to that effect have been asked in the questionnaire. In such circumstances, election and nominations may be effected from among the practitioners and from the Vaidyas Mandals, with the consultation of the All India Ayurvedic Congress. The qualifications of the candidates should not necessarily be academic but good reputation in the public should be considered as sufficient qualification for standing for election. In short every R.M.P. must be eligible for election. In future students of Ayurveda should be taught in such a way that they will be proud of their own system. After getting the degree, graduates must be encouraged to be in close contact with some eminent Vaidyas. Their rights and the privileges in the service, such as pay, allowances, leave, etc. should be at par with modern medical graduates.

3. The Central Council suggested in my answers Nos. 31—37 may consist of the following:—

One member from each State elected by the State Branch of the All India Ayurvedic Congress, the half a century old All India Representative Body of the Ayurvedic Profession. One member from each State nominated by the respective States from amongst the State Ayurvedic bodies or institutions, boards, faculties and colleges. The members may elect their own president, and the Central Government may appoint an official secretary for this council. As the number of States shall decrease after the recommendations of the State Reorganisation Commission are put into practice the total membership of the Council shall be less than 40. The Council should elect an Executive Committee consisting of 7 members to conduct the routine work and the policy of the Council. The life of the Council should be fixed from 3 to 5 years.

4. The Council of Ayurveda may get its members from teaching institutions, students, practising Vaidyas, and heads of Ayurveda hospitals, medicinal pharmacies and selling depots. Some of its members should be paid up servants to the Government. The members should be well adjusted so that the good of any party may not be hurt. Voting system may also be helpful.

6. The Central Committee as suggested in answer to Question No. 31 should be constituted in the following pattern:—

One member from each State elected by the State Branch of the All India Ayurvedic Congress, serving the cause of Ayurveda since 40 to 45 years and one member from each State nominated by the respective States from amongst the State Ayurvedic bodies or institutions, boards, faculties and colleges will constitute a general body of the Council. The members may elect their own president and the Central Government may appoint an official Secretary for this Council and a Joint Secretary may be appointed by the Council. The Council should elect an Executive Committee consisting of seven to nine members to conduct the routine work and policy of the Council. The life of the Council may be fixed at from two to three years and the Executive Committee may be elected every year.

9. The Central Council suggested in my answer to Questions Nos. 31 and 37 may consist of the following:—

One member from each State elected by the State Branch of the All India Ayur. Congress, more than half a century old All India Representative Body of the Ayurvedic Profession. One member from each State nominated by the respective States from amongst the State Ayurvedic bodies or institutions, boards, faculties and colleges. The members may elect their own president, and the Central Government may appoint an official secretary for this council. As the members shall decrease after the recommendations of the State Reorganisation Commission are put into practice the total membership of the Council shall be less than 40. The Council should elect an Executive Committee consisting of 7 members to conduct the routine work and the policy of the Council. The life of the Council may be fixed at five years.

10. I am against the establishment of separate institute for teaching Ayurvedic and Allopathy. Just French and German languages are useful for research in modern science similarly Sanskrit should be compulsory and the teaching in original should be taught after graduation or after the course of three years in modern medicine.

11. The Central Council of Ayurveda should consist of members elected by Ayurveda Mahasamelan. This Council should work in accordance with suggestions submitted to it by provincial council elected by Vaidya Sabhas recognised by the Ayurvedic Mahasamelan in each province.

12. Council should be suggested by all qualified doctors, I am with them.

14. There should be one Central Medical Council, the No. of members should be fixed on provincial basis. The election should be made from regular practitioners.

15. Council should be a representative body of general practitioners, Graduates, Professors and scholars of Ayurveda trained under the Guru Parampara system.

17. The council should be constituted of the following representative:—

- (a) Presidents of the Boards of Indian Medicine of the State.
- (b) Principals of the Government Ayu. Colleges of all the States.
- (c) The President of all India Ayurvedic Congress.
- (d) The Principals of U'sity colleges of Ayurveda.
- (e) One representative of the Private practitioners from each State.
- (f) Two members nominated by the Government of India; and two members of the Parliament by election.
- (g) One member from each of the District Boards and Municipal Boards of the States by election.

19. There should be a Central Council for all India created by the Central Government and there should be syllabus for the study of Ayurveda and the qualification for admission should be of such nature as to enhance the Progress of Ayurveda.

21. The administration and control of this Council should be in hands of learned Ayurvedist. This Council should consists of a lawyer interested in Ayurveda, Dr. of Modern Medicine and five Vaidyas.

22. There should be one council such as the all India Ayurvedic congress under whose instructions, the Bharat Ayurveda Viddhya Pith may work for teaching and regulating examinations.

31. The Council suggested in the answer to the qu. 31 may consists of the following:—

One member from each State elected by the state branch of the All India Ayurvedic Congress, the half Century old

all India representative body of the Ayurvedic profession, one member from each state nominated by the respective State Governments from amongst the state ayurvedic bodies or institutions, boards, faculties and colleges. The members may elect their own president and central Government may appoint an official secretary for the council. As the number of states shall decrease after the recommendations of S.R.C. are put into practice the total number of members of the council shall be less than 40. The council should elect an executive committee consisting of 7 members to conduct the routine work and the policy of the council. The life of the council may be fixed at from 3 to 5 years. The election nomination of the council should be strictly restricted to the medical graduates passed from the recognised institutions. If this view of the present medical council be accepted no eminent scholars of Ayurvedic profession would have any possibility to work in it. By this the council would be deprived from the valuable help and suggestions from these persons. Before this act came in to force in various states majority of the people have received their education from the various scholar Gurus. This system is recognised by the Bombay State, and, to that effect are asked in this questionnaire. So in such circumstances the elections and nominations may be executed from the registered practitioners and from the provincial vaidyas mandals with the consultations of the All India Ayurveda Congress. The qualification for the candidate should not be necessarily academic but the good talented vaidyas, with a good sincerity in their profession and high reputation amongst the people, should be given first preference. In short, every registered practitioner must be entitled to be a candidate for every election.

32. There should be an Ayurvedic association in every district of India, and one member from every such district should be put in a provincial association of Vaidyas. And this Provincial association will have a control over the district association of the Vaidyas. That provincial association should decide what type of education and organisation be given in consultation with the Government Officer. The control should not come into force immediately otherwise the people would be deprived of the medical aid.

33. Group all in three blocks:—

1. Registered vaidyas but not qualified from Government recognised institutions.

2. Qualified vaidyas from Government recognised Institutions.

3. Vaidyas of institutions like colleges, hospitals, research centres etc. (Government recognised). Give them proportionate representation in the body along with Government nominees.

34. Ayurvedic council should be as under.

- (1) President Union Health Minister.
- (2) Members-Chairman of all India Ayu. Samelan.
- (3) One representative of each of Ayurvedic faculties of the University.
- (4) One representative of each of the State boards.
- (5) President of all India Ayurveda Vidyapith.
- (6) Representative of Parliament (three).
- (7) One representative from registered vaidyas from each State.
- (8) The ancient most and the present centre of Ayurveda, Banaras should have one representative from registered vaidyas. There will be one selected Secretary by the above body who will be paid and full-time servant. The period of office will be five years of this body so constituted.

35. Central Council should be constituted as follows:—

- (1) Two representatives from Government Ayurvedic University faculty from each state.
- (2) One representative from the branches of all India Ayurvedic Congress from each State.
- (3) Five members should be nominated from the Central Government.
- (4) Total number of members should not exceed 40.
- (5) The president should be nominated. The period of office of the council so constituted will be five years.

There should be an executive of 7 members. The election should be every year from the members of the council.

36. The council consists of Ayurvedic scholars, specialists and out of this council representatives should be sent in various associations.

37. The Central Council suggested in my answers to questions 31 and 37 may consist of the following:—

One member from each State elected by the State Branch of the All India Ayurvedic Congress the half a century old

all India representative body of the Ayurvedic profession, one member from each state nominated by the respective state from amongst the state ayurvedic bodies or institutions, boards, faculties and colleges. The members may elect their own president and the central Government may appoint an official secretary for this council. As the number of states shall decrease after the recommendations of the S.R.C. are put into practice, the total membership of the council shall be less than 40. The council should elect an executive committee consisting of 7 members to conduct the routine work and the policy of the council. The life of the council may be fixed at from 3 to 5 years.

40. The Council should be framed in the following basis at present. One member from each state branch of all India Ayurvedic Congress, one from each state nominated by the state Government. After registration of Vaidyas all over India the membership should be recognised purely on electoral basis, one of the members will be elected as the President of the Council, so as the General Secretary. If required the Government may appoint one suitable vaidya as the Secretary on reasonable remuneration. An Executive Committee of not more than ten members of the council should look after the day to day work.

Question No. 46.—Please give all your views and suggestions that may be helpful in future administration of medical educations and regulation of practice?

1. Separate note is enclosed.

3. A Council or a Board of qualified persons should watch.

6. 30 years ago the idea of starting the next ayurvedic course was conceived with a view to reorientate the ayurvedic science as a whole (with all its Angas). But unfortunately this object was not fulfilled. The regime of the alien Government due to the fact that the authorities at the helm of the affairs for implementing the ayurvedic schemes, were of allopathic line, having great liking and love for that system and there was no Directorate in Ayurveda, created for the same either at the centre or in the provinces. Naturally the authorities were not very keen about the reorientation of Ayurveda. On the other hand they tried their best to spread, popularise and stabilise the allopathic system with the result that the ayurvedic science got a severe set-back. The students in ayurvedic colleges were taught the mixed course in such a way that they carried a higher

impression for allopathy when they went of the colleges for profession and they preferred to be addressed as Doctors, rather than Vaidyas and this is the notable effect of the mixed course. The present position is that they are styling as Doctors. The so-called ayurvedic graduates after having passed the mixed course are prone to use the allopathic drug in greater degree. It will therefore be seen that this has not helped to promote the ayurvedic science at all. Not only that the golden store of the ayurvedic science which had survived with the help of the old and experienced Vaidya was in stage of exhaustion.

It was considered that with the advent of the popular rule, the patriotic would help the promotion of ayurvedic science in all its forms or Anga with patriotic urge with the same zeal, energy and degree as the exponents of the allopathic science are doing their best to push forward their science in all its specialities. Eight valuable years have passed since we achieved independence. But our hope could not be fulfilled because there is no separate Directorate in the ayurveda either at the Centre or in the provinces and all the important position in the Medical Department of all Government are occupied by the persons possessing allopathic qualifications and they do not take pains, they have no desire to understand and reorientate the ayurvedic science which is our nations treasure and acquisite. It is as true as day light that unless the task of promotion and reorientation of ayurvedic is entrusted to the persons who are well up and have good knowledge of that science and have ardent desire to improve it and are prepared to work in that direction, the ayurvedic science cannot go ahead, it is therefore suggested that if the national, (ayurvedic) science is to be preserved and promoted the task may be entrusted to the experienced and learned Vaidyas and all the important position created therefore by the Government or other local bodies, be manned by Vaidyas alone. The work of guidance, direction and execution in regard to this science must be entrusted to the Vaidyas only and no allopathic Doctors be appointed to any of the ayurvedic position. Then there is some hope of its revival and going ahead.

2. In Ayurvedic medical college, there should be Ayurvedic teachers to teach the respective subjects of Ayurveda (for every subject there should not be two teachers, one ayurvedic and other allopathic to teach the same subject).

3. For this purpose teachers in Ayurveda be produced on all India level in every subject or speciality of ayurveda and they may be appointed as teachers, lecturers, professors etc. in ayurvedic medical colleges.

4. There should be no distinction between the allopathic and Ayurvedic graduates so far as the pay scales are concerned. One common scale for both the types of graduates be prescribed. As the higher scale of pay are sanctioned for the allopathic posts, the people are attracted to take up allopathic courses rather than ayurvedic courses for the reasons of financial gain involved, in allopathic appointments.

5. There should be one uniform curriculum throughout India for the Degree Courses and Post-graduate courses in Ayurveda and for that:—

- (a) Text books for every subject be prepared on all India Basis from all possible old granthas viz. Ved, Vedanga, Puran, Tantra, etc.,
- (b) There should be one common Dictionary for the Ayurvedic literature with all possible convenience.
- (c) The passing of (Nyaya-Madhyama) examination of Kashi Queen's College be recognised as minimum Basic qualifications for admission to the Ayurvedic Colleges.
- (d) The passing of the Inter-science examination has been prescribed as basic admission qualification for allopathic courses. Similarly there should be one Entrance Examination to be held by each University where there are Ayurvedic courses, for admission to such courses and one common curriculum of such entrance examination be prepared on all India level.
- (e) Every University in India should have a separate Ayurvedic Faculty and the task of teaching and Examination in Ayurvedic courses be entrusted to the Universities.
- (f) In every State there should be one institute for research in Ayurveda and it should be fully equipped with all necessary equipments.

8. I am of the view that an Indian Medicine board must be established in each state under which all activities regarding improvement of Ayurvedic science such as practice of vaidyas and sale of raw materials under licentiate grossers may be made.

10. Writers and publishers of text books should not be on the committees charged with the task of prescribing text book.

11. A council or a board of qualified persons should watch.

15. Central Council of Indian Medicine is necessary on the line of Indian Medical Council. We may call it Council of Indian

Medicine as suggested in Chopra Committee Report Vol. I p. 193, section 366. There should be full representation of Ayurvedists only.

TEACHING INSTITUTION

Question No. 46.—Please give all your views and suggestions that may be helpful in future administration of medical educations and regulation of practice.

1. More stress should be given in use of Indigenous medicines in Ayurvedic college hospital.

5. 1. Ayurveda should be taught in its own way and not on the lines of Modern medicines. 2. Ayurvedists only understands the courses of Ayurveda and not doctors. 3. Directors in Ayurveda can only be ayurvedists and not doctors. 4. It is only ayurvedists who can justify the cause of Ayurveda and there should be representatives from purely ayurvedic medical practitioners.

7. 1. Qualified ayur. practitioners should be appointed in dispensaries, hos. etc. 2. By boasting to have upgraded the college of Indian Medicines, Madras it imparts more of allopathy and the Public Health Ministry is allowing the apprenticeship training at District H.Q. Hospitals and absorbing these so called ayurvedic practitioners into allopathic dispensaries. Ayurvedic institutions should not become the backdoor for fostering modern medicine. Every trained ayurvedic practitioner should be bound by suggestion one above. If the practice of posting them to Allopathic dispensaries goes on, in a short time from now, Ayurveda will be wiped out. Either such centre should become medical colleges or if the intention is to foster Ayurveda training, centre of Ayurveda.

9. I invite the kind attention of the committee to the scheme on ayurveda research prepared and submitted to the Government by me. I shall be glad to answer any supplementary questions arising out of this reply in clarifications of any points if required.

10. Committee should be formed to discuss and formulate ways and means for students those who study in ayurveda and after studying practising of modern medicine.

11. Faculty of Indian Medicine should be formed by the University should govern the graduate course of education whereas Boards of Indian Medicines can look after shorter courses regulation of practice and registration can be governed by the local boards of Indian medicine.

12. Government of India should impartially treat ayur. on the same path on the modern medicine. The practice of ayurved system should be given all privileges as that of practitioners of modern medicine, if not, people will have a low impression about the practitioners in the system and they are naturally tempted by the other

systems which may appear pompous and painted. There must be at least two well-equipped Ayur. Colleges in every state wherein facilities for research and to study comparative studies of medicines are provided. There must be at least six very good botanical gardens in the Indian Union. In each H.Q. Hospital, Taluka, equal bed of both systems should be provided, as the people can choose any system they like for treatment. There must be standardisation of Ayur. medicine, committee should be formed of ayurveda scholars who are also well versed in modern medicine, for writing good text books. The only good research that may be conducted now is to interpret the sutras found in the ancient text books in the light of the modern medical science and age.

A health deptt. should be formed of Ayur. scholars who can enforce the ancient traditions and customs prevailing in the country by explaining and providing practically how these customs and traditions can prevent and stamp out many a disease which is deemed to be incurable by the modern scientists.

13. Government should give facilities to the practitioners of this system. The teaching institution should be well equipped. There should be no differentiation between two systems. Insurance companies should accept medical examinations by Vaidyas. This is the only science which will fulfil the needs of general public. No western medicine should be used by any Vaidyas. There must be at least one Vaidya in Government Medical Council which grants leave, recommend pension cases and other Government cases. One Vaidya must be called for at the time of postmortem. Ayurvedic students must be allowed in Government hospitals for practical in all departments viz. medical, surgical, pathological, X-Rays etc. At least 25 beds should be allotted for Ayurvedic treatment in every Government Hospital providing ayurvedic medicines and facilities of western medical examinations. Every ayurvedic practitioner should get poisonous drugs according to his needs. Reimbursement for ayurvedic drug as given now for western drugs should be allowed to Government servants as recommended by registered vaidyas.

15. The Central Council should consist of the following:—

- A. One member from each university having an ayurvedic faculty. B. one member of each State elected from amongst the State ayurvedic bodies, institutions, Boards, Faculties and the colleges. C. one member nominated by each State Government. D. The qualifications of the member to be elected or nominated should be as under:
 - 1. He should be a qualified registered practitioner. He should be an ayurvedic teacher in teaching institution. E. The

members may elect their own president and the Central Government may appoint an Official Secretary for the Council. F. The Council should elect executive committee consisting of seven members. G. The election of the executive should take place every year. H. The life of the Council should be of 3 years.

18. So far the Central Government has indifferently dealt with the indigenous system of Medicine. Institutions like Ayurvedic and Unani Tibbia College, Astang Ayurvedic College, Jamia Tibbia, Banwari Lal Aurvedic Vidyalaya which are doing good work in pre-independence period and without any Government aid are now simply struggling for their existence due to the Government particularly and undue bias and encouragement given to the modern systems of medicine by starting new multi-million institution, colleges and hospitals and also by numerous restrictions. Even the sum of Rs. 36.lacs which was grudgingly allotted to the encouragement of Indian systems of medicine was allowed to lapse. Appeals to the State and Central Government of really needy institutions went on unheeded. Even now it is not too late and it is the bounden duty of the Government to support the existing institutions generously so that their teaching may be upgraded and encourage research and start fully equipped new institutions and the regions where they do not exist at present. Likewise the Government should help in starting regional research institutions as well as post graduate institutions where future teachers may be trained.

HOSPITAL ATTACHED TO THE TEACHING INSTITUTION

Question No. 46.—Please give all your views and suggestions that may be helpful in future administration of medical educations and regulation of practice?

2. The Central Council should consist of the following—**a.** One member from each university having an ayurvedic faculty. **b.** One member from each State elected from amongst the state ayurvedic bodies, institutions Boards, Faculties and College. **c.** One member nominated by each state Government. **d.** The qualifications of the member to be elected or nominated should be as follows:—

(i) He should be a qualified registered practitioner or (ii) he should be an Ayur teacher in a recognised teaching institution.

e. The members may elect their own president and the Central Government may appoint an official secretary for the Council. **f.** The Council should elect an executive committee consisting of seven members. **g.** The election of the executive should take place every year. **h.** The life of the Council should be for three years.

Question No. 46.—Selected Representative Bodies.

(1) Ayurved Acharyas of the all India Ayurvedic Vidyapith. The Graduates and the Diploma Holders of the recognised ayurved colleges, experienced ayurvedic teachers such as recognised Gurus, the Ayurvedic Authors and Research Scholars, be considered eligible for admission to the proposed post-graduate ayurved course to be started at Jamnagar by the Government of India.

(2) We most earnestly request the Government that the lessons deliberately misrepresenting ayurved, introduced in the books of primary education be removed as early as possible and be replaced by those of Swasthya Raksha, Rutucharya, and Rog Pratishobh, the primary objects of ayurveda thus inculcating on the minds of the students, love and respect towards ayurved.

Looking to the economic condition of the country our seven lakhs villages and the other necessities of the Nation, we strongly recommend to keep two ayurvedic courses, one shorter Suddha Ayur. diploma course and the other degree course.

The necessity of introducing such shorter course is felt by other Nations also. The Governments of Bombay, Saurashtra and Madhya Pradesh have already introduced such Courses.

2. (a) The Ayurvedic dispensaries and hospitals should be given equal status and facilities that are being given to modern medical hospitals etc. and be allowed to flourish as an independent system of medicines. (b) The Ayurvedic department should remain under a separate Director. (c) The Government should standardise and control sale and manufacture of ayurvedic medicines in order to check the sale of spurious drugs.

2. (d) Post-graduate training in Ayurveda should be introduced to increase proficiency of teachers.

(e) Special scholarships should be awarded to the graduates of ayurved to acquire knowledge in Sidha, Unani and modern medical sciences.

(f) Village Doctor's training should be introduced to have medical technicians.

(g) A publication bureaus should be established under the Central and Provincial Governments to publish the old manuscripts.

(h) Ayur. colleges should be affiliated to the universities.

3. It is very important that all the methods of education, research work and regulation and practice should see to it that they are not interfered by the people of other system. Government should also

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keep full supervision over the activities as well as render full support to it. All administrative posts should be given to the ayurvedic graduates who are qualified from government recognised institutions instead to other graduates as it is done now a days, under the pretext of non-availability of suitable candidates.

The Universities having no ayurvedic faculty should be persuaded to create the same and if they do not agree states should create the boards to carry the standard way of education which is to be supervised by the Central body in its turn.

4. (1) Ayurveda Acharyas of the All India Ayurveda Vidyapith, The graduates and the Diploma Holders of the recognised Ayur. colleges, experienced ayurvedic teachers such as recognised Gurus, the Ayurvedic authors and research scholars, be considered eligible for admission to the proposed post-graduate ayurveda course to be started at Jamnagar by the Government of India.

(2) We most earnestly request the Government that the lessons deliberately misrepresenting ayurved, introduced in the books of primary education be removed as early as possible and be replaced by those of and the primary objects of ayurved thus inculcating in the minds of the students, love and respect towards ayurveda.

(3) Looking to the economic condition of the country our seven lakhs villages and the other necessities of the Nation we strongly recommend to keep two ayurvedic courses, one shorter suddha ayurved diploma course and the other degree course.

The necessity of introducing such shorter course is felt by other nations also. The Governments of Bombay, Saurashtra, and Madhya Pradesh have already introduced such courses.

5. In future it should be assured that the custodianship of the ayurvedic interests is completely safeguarded from the non-ayurvedic influences.

6. In future, students of ayurveda should be taught in such a way, that they will be proud of their own system and will be loyal at the fundamentals of ayurved in their general practice. After getting the degree, graduates must be encouraged to be in close contact with some eminent Vaidya at least for 5 years. There should be no distinction between graduates of any two systems as regards rights and privileges in their service such as pay, allowances, leave of absence etc.

7. (1) Ayurvedacharyas of the All India Ayurved Vidyapith, the Graduates and the diploma holders of the recognised ayurved colleges, experienced ayur. teachers such as recognised Gurus, the ayurvedic authors and Research scholars, be considered eligible for admission to the proposed post-graduate ayurved course to be started at Jamnagar by the Government of India.

(2) We most earnestly request the Government that the lessons deliberately misrepresenting ayurved, introduced in the books of primary education be removed as early as possible and be replaced by those of Swasthya Raksha Rutucharya, and Roga Pratishodh, the primary objects of Ayurveda thus inculcating in the minds of students, love and respect towards Ayurved.

(3) Looking to the economic condition of the country our seven lakhs villages and other necessities of the nation, we strongly recommend to keep two Ayurvedic courses, one shorter shuddha ayurved Diploma course and the other Degree course with the necessary knowledge of other systems of medicines. The necessity of introducing such shorter course is felt by other nations also. The Government of Bombay, Saurashtra and Madhya Pradesh have already introduced such courses.

8. Government should give more facilities to vaidyas and Hakims who have been trained and graduated in this system.

(ii) The teaching institutions should be well furnished and equipped by all sorts of practical educational facilities and Pradhaya-pakas and Pracharyas should be highly paid.

(iii) There should be no differentiation in graduates of western medicine and ayur. medicine.

(iv) Insurance companies should accept medical examination by Vaidyas.

(v) This is the only science which will fulfil the needs of general public.

(vi) No Western medicines should be used by any vaidyas.

(vii) There must be at least one Vaidya in Government medical council which grants leave, recommends pension cases and other Government servants cases.

(viii) The Vaidya must be called for at the time of postmortem.

(ix) Ayurvedic students must be allowed in Government hospitals for practical in all depts, viz., medical, surgical, pathological, X-rays, etc.

(x) At least 25 beds should be allotted for ayurvedic treatment in every government hospitals providing ayurvedic medicines and facilities to Western clinical examination.

(xi) Every ayurvedic practitioner should get poisonous drugs according to his needs.

(xii) Reimbursement for ayur. drugs as given now for western drugs should be allowed to Government servants as recommended by Regd. vaidyas.

9. As our Nation has been free, there should be in force our own national Chikitsa System, and the Nation ought to accept and declare ayurveda as the main means in nation's chikitsa system, and on these lines (stated in Q. 31, 32, 33, 34) every possible efforts should be done for uplift and vikas of the Ayurved.

The attempts for special research in vanaushadhies should be keenly done. The surgery and mid-wifery must be added and well taught for good results. The modern scientific drug should be tested on the ayurvedic point of view according to Tridosh Siddhanta, and the results must be put to light accordingly.

10. Formation of a Directorate.

11. Formation of a Central Council.

12. The particular system of medicine must be administered by the experts of that system only. And no other man who does not know that sciences should be included in it.

Question No. 46 Ayurveda Selected Individuals

2. My views have nearly comprised in the above answers.

3. In future, it should be assured that the custodianship of the ayurvedic interest is completely safeguarded from the non-ayurvedic influences.

5. Kindly refer to the resolution passed at the third health ministers' conference. I am in complete agreement with these resolutions. In my views, there can be no prospects either in Ayurveda or in Homœopathy unless the students who pass out of the teaching institutions are given the same facilities as the students of modern science in Government service.

6. A. In future it should be assured that interest of ayurveda is completely safeguarded from outside influences and it receives full patronage and encouragement.

B. Government may avail of the services of the experts and experienced persons in the field of ayurveda while deciding the future policy or inflicting new regulations in order to avoid the unthought for obstacles emerging from existing policy so that the vaidyas rendering sincere silent services to people may not be put into troubles through misunderstanding.

C. For more suggestions it all depends upon the shape taken by the present efforts of the Government.

D. In the end, I quote below the following valuable views of our great revered leader and beloved Rashtrapatiji Shriman Dr. Rajendraprasadji while inaugurating medical college at Indore in April last. They are to the effect that "Ayurveda is the great

science (Darshanshastra) of the healthy life and freedom from diseases. Our Central and Provincial Governments do not seem to spend as much towards the preservation, encouragement and research of Ayurveda as is done after Allopathy.

7. (1) Ayurvedacharyas of All India Ayurveda Vidyapitha, the Graduates and the diploma holders of the recognised ayurvedic colleges experienced ayurvedic teachers such as recognised Gurus, the ayurvedic authors and research scholars be considered eligible for admission to the proposed post-graduate ayurveda course to be started at Jamnagar by the Government of India.

2. We must earnestly request the Government that the lessons deliberately misrepresenting ayurveda, introduced in the books of primary education, be removed as early as possible and be replaced by those of the primary objects of ayurveda and thus inculcating in the minds of students, love and respects towards ayurveda.

3. Looking to the economic condition of the country, our seven lakhs villages and the other necessities of the nation we strongly recommend to keep two ayurvedic courses, one shorter shuddha ayurveda diploma course and the other degree course.

The necessity of introducing such shorter course is felt by other nations too. The Government of Bombay, Satrashttra, and Madhya Pradesh have already introduced such courses.

9. In future, it should be assured that the custodianship of the ayurvedic interest is completely safeguarded from non-ayurvedic influences.

10. I am against the establishment of separate institute for Ayurveda and Allopathy. Just like French and German languages are useful for research in modern science similarly Sanskrit should be compulsory and the treatises in original should be taught after graduation or after the course of three years in modern medicine. The examination by pulse as outlined in ayurvedic treatise can go in line on the modern diagnosis methods. For instance, the precursor of Thrombosis would be planned by the kapha nature of the pulse at an early date. Similarly sedimentation curve in the blood will also indicate Kapha constitution. The Vata nadi indicates the usherrance of blood pressure, there is thus vast scope for such type of work and I therefore urge that this ayurvedic knowledge should be imparted to the modern graduate in medicine. So that he can easily understand the crux of the problem.

11. My view in a nutshell is that the organisation of ayurvedic education and practice should be handed over entirely to an ayurvedic body not selected or nominated by the government; but

ected by ayurvedic Maha Sammalena which is the only institution representing the ayurvedists of the country since the beginning of the century.

12. As regards the use of medicines, and also complete compliance of the rules and regulations it is necessary that every Doctor practising medicine should be under the guidance and control by the Medical authoritative bodies.

13. The Government should think of ayurveda and help it in every way. Well studied persons should be encouraged and their talents should be utilized. Modern text books should be made available in every section of the system.

14. Ayurveda is not only a system of medicine like Homeopathy and Unani but a complete system of medical science. For the last several centuries no research work has been done by us. Western countries under the name of Allopathy, developed medical science to some extent. Britishers popularised it in India and exploited ayurveda calling it unscientific.

In these days, few supporters of Ayurveda started present Ayurvedic institutions. These institutions are producing better qualified persons. Allopathic medical colleges should be run on the same lines. Medical science is not complete without Ayurveda. Allopathy lack in several things. There should be five years course as it is. Following subjects should be taught. Few subjects should be supplemented with Allopathy and few with Ayurveda:—

Anatomy—Supplemented with Allopathy.

Physiology—Ayurveda. सत्यमेव जयते

Surgery—Allopathy.

Pharmacology—Ayurveda.

Midwifery—Allopathy.

Gynaecology—Allopathy.

Ophthalmology—Allopathy.

Ear, Nose, Throat, etc.—Ayurveda.

Pathology—Allopathy.

Medical Jurisprudence—Allopathy.

Biochemistry—Ayurveda.

Pharmacy—Ayurveda.

Public Health Hygiene—Ayurveda.

Medicine—Ayurveda.

There should be uniformity in all the training institutions, all the hospitals all the practitioners. If Government perform it there will

be pence among the medical people and public will enjoy full health. Thus exploitation among medical man will be stopped.

15. All text books are insufficient. A progressive reorganisation in Ayurveda on modern lines must be our goal. This fact should not be lost sight of.

17. In my view the medical administration should be centrally governed. There should be mobile dispensary to reach each village each municipal ward and every factory. It should be so arranged that Vaidya should be in charge of one thousand families. To meet expenses of these organisations a health tax of Re. 1 per head should be imposed.

22. As our nation has been free, there should be our own Chikitsa system and Ayurveda should be declared as nation's Chikitsa system, and on this line every efforts should be done for Uplift and Vikas of Ayurveda. The surgery and midwifery must be added and well taught for good results. The modern scientific drugs should be tested on Ayurvedic point of view according to Tridosha Sindhanta and the results must be put to light accordingly.

23. The following measures be taken to improve the indigenous system of medicine:—

1. The Centre be requested to declare the policy of State recognition and encouragement.
2. Government be advised to give equal importance to Ayurveda and Allopathy.
3. Central Government be advised to establish the Council of Indigenous Systems of Medicine.
4. All the States be advised to establish State faculties of Ayurveda.
5. Steps should be taken to produce efficient teachers and physicians for this purpose refresher course of training be started and the existing Ayurvedists be trained in modern method of teaching.
6. Ayurvedic schools, colleges, research institutions, and pharmacies be started throughout India in a uniform standard of science.
7. Local bodies should establish Ayurvedic dispensaries and hospitals in rural area.
8. Provision should be made for registration of qualified Ayurvedic physicians and unqualified Ayurvedists should be given refresher course training and the others should be prohibited from practising medicine.

9. A publication bureau be established to encourage medical students and scholars and all Ayurvedic books that have not yet been published be collected and published.
 10. By-laws be framed and opened by the local bodies to control the drug shops under D.L.O. Trade Act.
 11. All the registered Ayurvedic physicians should be granted the same privileges that are being enjoyed by the Allopathic physicians.
 12. This should be a separate department in the Government to deal with the indigenous systems of medicine and the Ayurvedic section should not be kept under the existing health or medical department.
 13. To materialise the above suggestions an expert committee consisting of representatives of each State be established by the G.O.I.
24. The medical profession is a philanthropic profession. I am of the view that more we spend after the education more we crave to earn. So if it is desired to prepare practitioners, of serviceable nature, the Ayurveda should be taught to well cultured students free of course, and a reasonable amount to enable them to live with status should be fixed and the income if earned more than that should be credited to the health department. If something on this line is done, it will contribute to the health of people at large.
26. For the present no association or so-called representative body including Ayurveda Maha Sammelana should be given any recognition for this purpose and the matter should be tackled afresh. In unorganised provinces the number of delegation should be proportionate in comparison with the population of the province with that of some organised State. The Central Council should have an Executive Committee of three branch councils (Research, Education and Medical) to look after the three aspects of development. The State Ayurvedic Board might function at the provincial branches of the Central Council to look after the Ayurvedic affairs of the provinces excluding those Centrally administered. Research centres in different aspects of Ayurveda and ideal Ayurvedic colleges with hospitals should be established in the country. There should be equal status and prestige for the Ayurvedic graduates at par with medical graduates and ample scope for their absorption into Government service.
30. The above suggestions will be helpful in guiding the administration of Ayurvedic education and regulations of practice.
31. In future, the students of Ayurveda should be taught in such a way that he will be proud of his own science and he will be loyal

to the fundamentals of Ayurveda in his general practice. After graduation every student must be encouraged to be in touch with some eminent Vaidya at least for five years. There should be no difference between any practitioner as regards service pay and general rights.

33. It is important that all the methods of education, research work and regulation of practice should be left to Ayurvedists only. Government should see that they are not interfered by the people of other system. Government also keep full supervision over the activities as well as render full support to it. All administrative posts should be given to Ayurvedic graduates who are qualified from Government recognised institutions instead to other graduates as it is done now-a-days under the pretext of non-availability of suitable candidates. The universities having no Ayurvedic faculty should be persuaded to create the same and if they do not agree States should create the boards to carry the standard way of education which is to be supervised by the Central body in its turn.

35. In teaching institution Ayurveda should be taught by Vaidyas only. The duration should be of three years, dividing into two each one of 1½ years. In the first part Chikitsa and other relevant subjects should be taught and in the second part the higher study of Ayurvedas should be undertaken. The atmosphere of study should be such as to create serviceable nature of the student. The Vaidyas should be paid at par with Doctors. There should be one committee to bring uniformity in Chikitsa and Aushadh. In every province the Government should collect Vanaspati which should be sold by the Government or some co-operative institutions. The syllabus of study should be uniform in the whole of India so that a practitioner holding its degree can practice anywhere in the country. There should also be uniformity in Chikitsa which will make the way of popularising Ayurveda easy.

36. In my opinion, as long as the State does not support and recognise the ayurvedic system of medicine, all the facilities given to this system will be useless. Therefore, recognition of this system is necessary, Ayurvedic colleges, dispensaries, and hospitals should be opened by the States all over the country equipped with all modern and old apparatus. No honorary physicians and private practitioners should be appointed in the hospital. Research laboratories for research and test of ayurvedic medicines should be by the Government. Private persons should also be encouraged so that there may be attraction for research work and publishing the books on this line. There is sufficient literature unprinted. The Government should print the same and should appoint a committee for this purpose. As the Indian

system of medicine is very cheap and if the Government give help, it will be more cheap and easily available. Thus it will be within the reach of common men. According to ayurveda theory, the medical practitioners be of socialistic views with a missionary mind to serve the ailing community. Therefore if the Government would bring out the scheme for training of Sadhus in this system it will not only prove effective but also improve the condition of Sadhus in the country. This does not mean that training in high class surgery and medicine be checked but it is further suggested that the high class training in medicine and surgery be continued on such better lines as it may be possible. There should be a separate research laboratory for mercury preparations as explained in ayurvedic science of medicine, and the old scholars be invited to put in their experiences and their ancestral heritage to help in formation of better research institute. They may be paid liberally like doctors so that in old age they may be survived for a pretty long time to help the community by their old and long experience.

37. The essence of my reply to the council question is that the final shaping and conducting of the ayurvedic education and practice should be the concern and responsibility of those who have a deep and genuine faith in, and knowledge of, the science and practice of ayurveda.

38. So far the Central and State Government has indifferently dealt with the indigenous systems of medicine. Institutions like ayurvedic and Unani Tibbia college, Astanga Ayurvedic College, Jamia Tibbia, Banwari Lal Ayurvedic Vidyalaya which were doing good work in pre-independence period and without any Government aid are now simply struggling for their existence due to the government's partiality and undue bias and encouragement to the modern systems of medicine by starting new multi-million institutions, colleges and hospitals and also by numerous restrictions. Even the sum of Rs. 36 lacs which was grudgingly allotted to encouragement of Indian systems of medicine was allowed to lapse. Appeals to the State and Central Government of really needy institutions went on unheeded. Even now it is not too late and it is the bounden duty of the Government to support the existing institutions generously so that their teaching may be upgraded, encourage research and start fully equipped new institutions and the regions where they do not exist at present. Likewise the Government should help in starting regional research institutions as well as post graduate institutions where future teachers may be trained.

40. Non-ayurvedic and anti-ayurvedic influences to interfere in its work must be checked and the council should be supreme authority to control the policy of ayurved in the Indian Union.

**SUMMARY OF REPLIES TO QUESTIONNAIRE, RELATING TO THE REGULATION
AND PRACTICE OF MEDICINE**

UNANI

Question No. 10.—Is Registration in Your State compulsory or optional? What is the minimum standard of Registration in your State?

1. There is, at present, no registration in the State.

3. Optional will become compulsory after the enforcement of the Act, which is under Government sanction now.

Diplomas are granted by Institutions recognised by Government: The candidates are required to undergo a test by the sub-committee.

4. Compensatory? for employment in dispensaries under local bodies.

Question No. 11.—Number of Practitioners of the System—(a) Registered, (b) Registered with Diploma or Degree from recognised Institution, (c) Registered without Diploma or Degree, (d) What are the Privileges enjoyed by the Registered Practitioners of—(i), Modern System, (ii) Ayurved, (iii) Unani, (iv) Homeopathy.

1. (b) About 50 qualified alumni of the Government Ayurvedic and Unani College, Mysore, are registered in the A Class of register of the Madras Central Board of Indian Medicine, Madras.

(d) 1. Privileges envisaged in the Mysore Medical and Indian Medical Council Acts.

3. (a) 123.

(b) 32.

(c) 91

(d) (3) They may practise and may be legible for Government Service and issue Medical Certificates to patients in Superior Service other than Gazetted Officer.

4. (a) Not available.

(d) (iii) If they are registered, they can seek employment in the Dispensaries of Unani System of Medicine on a regular basis.

Question No. 12.—What is the policy of the Government regarding teaching of—(a) Ayurveda, (b) Unani, (c) Homeopathy (ii)—(a) Ayurveda, (b) Unani, (c) Homeopathy.

1. The traditional policy of the State Government has since 1908 been the fostering of the teaching of ayurveda and unani, a & b. systems of medicine on modern scientific line and the integration into these Systems of medicine, the valuable features of Modern medicine.

(ii) (a) The Government of Mysore are awaiting the recommendations of Dave Committee constituted by the Government of India, in this regard.

3.(b) Unani subjects are taught with modern subject in Unani College. But more concentration is given to all Unani subject. The aim of the Unani college is to produce efficient and self-sufficient practitioners of Unani.

4. (b) The Government have constituted an expert committee of Unani and a report has been received on the policy of the Government which will be taken after the committee report.

Question No. 13.—Can the existing Vaidyas, Hakims and Homeopaths be utilised as an immediate measure in any scheme of health services by giving them refresher course?

1. Yes, on the lines recommended by the Chopra Committee.

3. Yes.

4. No information.

Question No. 14.—Has a Board of Medicine of this system been established in your State?

1. An Advisory Body known as the Central Board of the Indian Medicine has been established in the State since 1950.

4. Constitution of a Central Board of Indigenous Medicine is under consideration.

Question No. 31.—Are you in favour of any control over the teaching and practice of these systems of medicines on the lines of the control by the Indian Medical Council or on what other line?

1. Yes, on the lines recommended by the Chopra Committee.

3. Yes.

5. Over the teaching and practice of these systems of medicines, there should be a controlling council, consisting of two Hakims, two Vaidyas, and two Homeopaths and one Allopath of highest qualification and experience of at least 20 years.

Question No. 37.—Are you in favour of any control over the teaching and practice of these systems, if so on what lines?

1. Yes, on the lines recommended by the Chopra Committee.
2. Yes, under Government control.
3. By establishing a control council.
4. This can be considered while examining the reports.
5. Read 31—This controlling committee or council with consultation of provincial board of these systems should make rules and regulations for the teaching and practice of these systems.

Question No. 45.—Please suggest the type of Council you would like and how the representation should be adjusted in the Council of various associations.

1. This question is to be answered by the representative body of the profession.

2. The Council should be an elected body consisting of Principals of Tibbi Colleges (ex-Officio members), representatives of teaching staff of various tibbi colleges and various recognised tibbi associations. Hakims of great eminence and sufficient teaching experience may also be nominated on the council.

3. There should be a Central Council and provincial councils. Two Hakims, two Vaidyas and two Homeopaths may be elected from the members of the provincial board of this system and the Director of Health Services should be the president of this council. This council should meet from time to time and make rules and regulations for administration for medical education and practice. The Council may invite any individual Hakim or Vaidya or Homeopath of the province or outside and take the suggestions also. These systems (Ayurvedic, Unani) should be recognised and researched by qualified experienced Hakims or Vaidyas. Separate committees of 5 Hakims, 5 Vaidyas and 5 Homeopaths should be organised. These Committees should send their views and suggestions to the provincial board and council regarding research and administration of medical education and regulation of practice.

Question No. 46.—Please give all your views and suggestions that may be helpful in future administration of medical education and regulation of practice.

1. This question is to be answered by the representative body of profession.

2. In order to develop the Tibbi—Unani system of medicine the following suggestions are considered to be necessary. Both the teaching institutions and the Tibbi dispensaries (Shafakhana) are to be developed side by side.

3. Experienced Hakims or Vaidyas or any person should be invited to send their tried and special prescriptions for special diseases. These prescriptions should be tried in various hospitals, and if found effective they should be headed in pharmacies of the system, and the Vaidya or Hakim or any other individual, who sent their prescriptions should be awarded a diploma of being specialists in their particular diseases. In all the books of Unani and Ayurvedic there is much imaginations and whichever based on the theory of humours, they should be revolutionised.

School for training in each system should be opened in each province. The course of training should be of two or three years. Sufficient knowledge of Allopathy should be given to the students in the schools so that they may also be in touch with modern medicines, and can use them in time of emergency. The beginning may be in this way, and the progress in every direction for the uplift of this system will be made step by step.

SUMMARY OF REPLIES TO QUESTIONNAIRE RELATING TO THE REGULATION AND PRACTICE OF MEDICINE

HOMEOPATHY

सत्यमेव जयते

STATES

STATE

Question No. 10—Is registration in your State compulsory or optional? What is the minimum standard of registration in your State?

NO

13. Optional.

32. Optional.

34. Compulsory. Homeo. practice of five years on the 5th May 1952. (Date of passing of Homeo. Medicine Act, 1951.)

47. This system of medicine has not yet been recognised by the State Government.

57. Optional. Will become compulsory after the enforcement of the Act, which is under Government sanction. The candidates are required to undergo a test by the sub-committee.

THE TEACHING INSTITUTIONS—II

11. Optional. Holding of a diploma from a college recognised by the General Council and State Faculty of Homeo. Medicine, West Bengal and/or a similar diploma given by the same Faculty.

26. Optional.

30. No registration for Homeopathy in Orissa.

38. According to the Act in force. It is compulsory, but the Act is not brought in force practically.

HOSPITALS ATTACHED TO THE TEACHING INSTITUTIONS—III

Nil.

SELECTED REPRESENTATIVE BODIES OF THE PROFESSION—IV

21. Registration is compulsory as per the provisions of the Medical Practitioners' Act.

28. There is no registration of Homeopaths in the State of Madras but under the orders of the Government of Madras, Homeopathy practitioners of 4 years' standing have been registered in a separate register maintained by the Collector of each district.

35. The Delhi State has neither compulsory nor optional registration.

36. There is no registration of Homeopaths in the State of Madras but under the orders of the Government of Madras Homeopathy practitioners of 4 years' standing have been registered by the Collectors of each district.

51. Yes.

55. Homeopathy in Punjab is not recognised hence the question of registration does not arise.

SELECTED INDIVIDUALS—V

15. Compulsory. Doctors practising Homeopathy for the last 9 years are registered without any restriction.

18. Registration has not yet begun.

31. Registration is compulsory. It is according to education the candidate acquires.

33. No. But a list is maintained at the Collector's Office for the district. Nothing so far fixed.

40. Optional. Passed D.M.S. of State Faculty but previously passed from scheduled colleges or practised three years prior to 1943, i.e., establishment of the faculty.

Question No. 11—Number of practitioners of the system—

- (a) Registered.
- (b) Registered with diploma or degree from recognised institutions.
- (c) Registered without any diploma or degree.
- (d) What are the privileges enjoyed by the registered practitioners of—

Modern System,
Ayurveda,
Unani,
Homeopathy

STATES—I

- 13. (a) 775.
- 32. (a) 7,895.
- (b) 2,040.
- (c) 3,570.
- (d) (iv) No privilege excepting certificatory rights of medical leave to non-gazetted Government servants in inferior service under the Government of West Bengal whose pay does not exceed Rs. 20.
- 34. (a) 5,000.
- (c) 3,300.
- (d) (iv) Extract from the Homeo. Medicine Act, 1951.
- 57. (a) 180.
- (c) 180.
- (d) (iv) They may practice and issue medical certificates to patients.
- 58. (a) 775.

HOMEOPATHY

THE TEACHING INSTITUTIONS—II

30. The question does not arise.

38. (d) P.V. Travancore-Cochin Medical Practitioners' Act IX of 1953.

HOSPITALS ATTACHED TO THE TEACHING INSTITUTIONS—III

Nil.

SELECTED REPRESENTATIVE BODIES OF THE PROFESSION—IV

54. About 4,000.

(d) (iv) When Homeopathy is not recognised, the question of privileges does not arise.

55. (c) Majority.

(d) (iv) Same as Allopaths enjoy.

SELECTED INDIVIDUALS—V

31. (a) There is no Homeopathy.

(b) There is no registering.

(c) Homeo. doctors in the diploma at Chalisgaun. So many.

(d) I do not have an idea of this.

33. No statistics available. Many Homeopathic practitioners with qualifications and without have been listed and registered.

(b) Under a register in the Collector's office in the district for purposes of identity. They do not enjoy benefits of a registered medical practitioner.

(d) Not anything special and particular as the other registered medical practitioners.

(d) (i) All the privileges of a registered medical practitioner.

(ii) Given a registered status but do not enjoy all the privileges of a modern medical practitioner.

(iii) Given a registered status but do not enjoy all the privileges of a modern medical practitioner.

- (iv) No status of registered medical practitioners confirmed and are at the most disadvantages due to not registered status. They are not eligible for even certifying the patients under them. This is a great handicap when persons of staunch faith in Homœopathy. This must be looked into. Homeopaths are under the mercy of other registered practitioners.
-

Question No. 12—What is the policy of the Government regarding the teaching of—

- (i) (a) Ayurveda,
- (b) Unani,
- (c) Homeopathy.
- (ii) Regulation of practice of—
 - (a) Ayurveda,
 - (b) Unani,
 - (c) Homeopathy.

STATES—I

- 13. (i) (c): No Government institutions or colleges.
- (ii) (c): Nil.

32. (i) (c): Refer to the public statement of Dr. A. D. Mukherjee, Minister-in-Charge of Health, Government of West Bengal.

34. (i) (c): Government proposed to establish a State owned Homeo. Medical College in the Second Five-Year Plan.

(ii) (c): Only those who will be registered by the Board of Homeo. Medicine will be allowed to practice.

47. (i) (c): The Government have constituted an expert committee on Homeopathy. The report has been received. A decision on the policy of the Government will be taken after the examination of the Committee Report is completed.

57. (i) (c): Nil.

(ii) (c): Homeopathic practitioners are registered by the Board of Indian Medicine.

58. (i) (c): No Government institutions or colleges.

(ii) (c): Nil.

THE TEACHING INSTITUTIONS—II

30. (i) (c): The State Government does not appear to have any definite policy as yet.

(ii) (c): No regulation regarding practice exists.

38. The Act said^h above defines Homeopathy as the system profounded by a Homeoman. As such the policy of the State so far Homeopathy is concerned must be developed and encourage the system profounded by him without any admixture. Accordingly Homeo. practitioners must practice pure Homeopathy without themselves going in for other systems.

HOSPITALS ATTACHED TO THE TEACHING INSTITUTIONS—III

Nil.

SELECTED REPRESENTATIVE BODIES OF THE PROFESSION—IV

54. (i) (c): Homeopathy is absolutely neglected.

SELECTED INDIVIDUALS—V

18. (i) (c): There is not yet been any definite policy regarding Homeopathy.

31. (i) (a): To strengthen the education in Ayurvedic system.

(i) (b): There is no college.

(i) (c): There is no college in Bombay at this stage.

33. (i) (a): Step-motherly.

(i) (b): Step-motherly.

(i) (c): No interest at all. The Madras Government looks for instructions from the Centre.

(ii) (a): By rules made by the Government and Central Board of Indigenous Medicines.

(ii) (b): By rules made by the Government and Central Board of Indigenous Medicines.

(ii) (c): No regulation at all.

Question No. 12

Group V—contd

40. (i) (c): Government encourages with grant-in-aid.

(ii) (c): Nil.

Question No. 13—Can the existing Vaidyas, Hakims and Homeopaths be utilised as an immediate measure in any scheme of Health Services by giving them Refreshers Course?

THE STATES—I

13. Yes. The Committee on Homeopathy was of the opinion that utilisation of Homeo. Graduates who have completed training for the Degree Course should be considered for employment in Health Services.

32. Yes.

34. Yes.

58. Yes.

THE TEACHING INSTITUTIONS—II

11. Yes.

30. Yes, they can be utilised.

38. 75 per cent. of the students that have gone out of this college can with advantage be utilised in any scheme of Health Services.

HOSPITALS ATTACHED TO THE TEACHING INSTITUTIONS—III

50. Majority of the existing Homeopaths on the register have not received any regular training and the standards of general education are also low. Under this condition, it is doubtful if these practitioners can be utilised in Health Services even after giving them a refresher course, the facilities for which will prove difficult to provide.

SELECTED REPRESENTATIVE BODIES OF THE PROFESSION—IV

28. Yes.

36. Yes.

54. Yes. Homeopaths can do very good services to combat diseases in their own way, in the cities, towns and backward areas, where modern laboratory test required by the Allopaths are not within reach. The expenses of the States can be minimised in this way.

55. Yes. They may get a refresher course of at least 1 year.

SELECTED INDIVIDUALS—V

18. Yes 40. Yes, only those who have passed D.M.S. and Bengal Alen.

31. Yes.

33. It is absolutely possible and practical to train as many of the existing Vaidyas, Hakims and Homeopaths in co-operative study of modern medicine and they can be geared to render services in Medical & Public Health.

Question No. 14—Has a Board of Medicine of this system been established in your State?

THE STATES—I

13. Yes.

32. Yes. The General Council of State Faculty of Homeo. Medicine, West Bengal established in 1942. Started functioning from 1st April, 1943.

34. Yes.

57. Yes, since 1947.

58. Yes.

THE TEACHING INSTITUTIONS—II

11. Yes.

30. No.

38. No.

HOSPITALS ATTACHED TO THE TEACHING INSTITUTIONS—III

50. According to section Nos. 3 to 16 of the Bombay Homeopathic Act, 1951.

SELECTED REPRESENTATIVE BODIES OF THE PROFESSION—IV

28. No.

35. No Board of Homeo. system of medicine established in Delhi State. The Bill is being introduced.

36. No.

45. No.

54. No.

55. Yes.

SELECTED INDIVIDUALS—V

18. No.

31. Yes.

33. No Board of Homeopathy set up.

40. No.

Question No. 31—Are you in favour of any control over the teaching and practice of these systems of medicines of the lines of the control by the Indian Medical Council or on what other line?

THE STATES—I

32. Yes.

THE TEACHING INSTITUTIONS—II

2. As per the recommendations of the *Ad hoc* Committee appointed by the Government of India.

9. There should be no control over the practice. The course prescribed by the Board be taught.

11. The teaching and the practice of Homeopathy, which are our concern shall be controlled by a State Board of Homeopathy to be constituted by the State Government. At least three-fourth of members of that Board would be taken from amongst persons who have practising experience in Homeopathy, as professional for at least 10 years. An institutional attachment for at least 2 years would be an added advantage. The other one-fourth will be recruited from distinguished educationalist including professionals who have a practical inclination and preference for the Homeopathic system of treatment. Such Boards will have the power to form the curriculum of studies and to recommend measures for the regulation of Homeo. training and practice within the State Board and would maintain and publish statistical and factual reports of Homeopathic treatment.

14. State control through Homeopathic Medical Council (member elected from Homeopaths).

26. Yes. Relevant recommendations of the Homeopathic Inquiry Committee Report, sections 164, 165, 166, 167, 168, 169 and not on the lines of control by I.M.C.

30. I am not at all in favour of control over the Homeo. system of education and practice by I.M.C. It should be controlled by a Central Council of Homeopathy to be established for the purpose.

38. No. Not until the Homeopathy gets a similar Central Council.

HOSPITALS ATTACHED TO THE TEACHING INSTITUTIONS—III

16. Yes. But not the same body

24. Yes, Sir, on the basis of democratic demand and suggestions and proposal of top-ranking and leading hahnamanian Homeopaths of 20 years' continuous standing record of service in the Homeopathic field of India.

50. Yes. Lack of control on an All India basis has already led to chaotic conditions of training in Homeopathy and to differing standards of registration for Homeo. practitioners in different States. This is bound to create future difficulties and complications for all concerned. This could easily be prevented by laying down uniform and minimum standards on all India basis. The Government of India should tackle this question on more firm basis than it has done so far, and lay down minimum standard which must be followed by all States. A Central Statutory Council should be formed for the purpose.

SELECTED REPRESENTATIVE BODIES OF THE PROFESSION—IV

3. Yes, the control should be on the lines of recommendations of Homeo. Inquiry Committee Report: Sections 154, 165, 166, 167, 168, 169.

4. We are in favour of control of the teaching and practising of Homeopathy on the lines to be indicated by Central Council of Homeo., to be formed by the Central Government according to our suggestions (given in reply to 45).

5. Yes. The control should be on the lines of recommendations of the Homeo. Inquiry Committee Report, *vide* sections 154, 165, 166, 167, 168, 169.

6. Yes. We are in favour of control over the teaching and practice of this systems of medicine by a State Council which should be formed Statewise, consisting of elected representatives of the Homeo. profession. This State Council should be autonomus in the manage-

ment of the internal affairs but in external or internal State affairs will only co-operate the Central Council composed of elected representatives of each State Council of the Indian Union.

7. Yes. On the lines to be laid down by the Central Council of Homeopathy to be formed by the Central Government in accordance with our suggestions given in answer to No. 45.

8. Yes. If the control exercised by the Council, absolutely composed of *bonafide* Homeopaths of a representative character duly elected by registered Homeopaths whose registration must be effected prior to the permission of the aforesaid Council.

10. Yes. On the lines of the Indian Medical Council.

17. Yes, but not the same body.

19. Yes. On the lines of control as that of Indian Medical Council.

29. Yes. On the lines of control by the Indian Homeopathic Medical Council and not on the present I.M.C., which does not contain any Homeopath.

21. Yes. On the lines stipulated in the Travancore Medical Practitioners' Act, 1943.

23. Yes. Just like other registered pathies.

25. Control is necessary but each should have a separate controlling authority.

27. No. Not until Homeopaths get a similar Central Council.

28. Yes, by a body representing Homeopaths only. Separate Board of Homeopathy over Faculty of Homeopathy or the Homeo. Medical Council must be created. This must consist of only Homeopathic practitioners and other systems must have no place in it. This body must have full control over the teaching and practice of Homeopathy. All the existing Homeo. practitioners must be registered by this body in one register, and in future Homeopaths of three years of practice must be registered by this body. The Homeopaths, registered by this body must have the same status and privileges as are enjoyed by the registered graduates of modern medicine.

35. Yes. By strictly pure Homeopathic Central Medical Council.

36. Yes, by a body representing Homeopaths only. Separate Board of Homeopathy or Faculty of Homeopathy Medical Council must be formed. This must consist of only Homeopaths and the practitioners of other systems must have no place in it. This body must have full control over the teaching and practice of Homeopathy. All the existing Homeo. practitioners must be registered by this body in one and the same register and in future Homeopaths of 3 years of practice must be registered by this body. The Homeopaths registered by this body must have the same status and privileges as are enjoyed by the registered graduates of modern medicine.

37. A Central Council of Indian Systems of Medicine should be established by the Central Government and should be empowered by an Act to regulate and control examinations registration and other matters relating to the Indian Systems of Medicine. This has been already suggested by the Chopra Committee in their report: Vol. page 192, Clause 466—

- (a) The Central Council of Indian System of Medicine should be constituted of members elected by Board of Indian System of Medicine of the States and recognised teaching institutions, e.g., two members from each State—one from the Board and one from the Teaching Institution. The percentage of the number of elected members and the members nominated by the Central Government should be decided in such a way that the number of nominated members should not exceed $\frac{1}{4}$ of the total number. No person should be taken in this Council a representative of systems other than Indian Systems of Medicine. The Act should be broad-based that the States can make necessary changes to suit local requirements.

39. Yes. Under a separate Council of Homeopathic Systems of Medicine.

41. Some control should be exercised but not on the lines of Medical Council.

43. Yes to a certain extent.

45. Yes. A Central Homeopathic Council with its ramifications in States should be formed for the purpose. Neither the I.M.C. should have any control over them nor there should be any non-homeopaths in the Council.

46. Yes, if the control is exercised by the Council, absolutely composed of *bonafide* Homeopaths and of representative character duly elected by registered Homeopaths whose registration must be effected prior to the formation of the State Council.

51. Yes. Lack of control on All India Basis has already been laid to chaotic conditions of training in Homeopathy and differing standards of regulation for Homeopathic practitioners in different States. This is bound to create in future difficulties and complications for all concerned. This could easily be prevented by laying down a minimum uniform standard on All India Basis. The Government of India should tackle the question on more firm basis than it has done so far, and lay down minimum standard which must be followed by all States. A Central Statutory Council should be formed for the purpose.

53. Yes. On lines to be indicated by the Central Council of Homeopathy, to be formed by the Central Government according to our suggestions given in reply to No. 45.

54. Control over the teaching and practice of Homeo. is entirely necessary. But the lines of control should be adopted by the I.M.C. of Homeopathy, formed by the Central Government and not by the Allopathic Council.

55. Separate Central Councils be established for each system composed of representatives of that particular system only. No Allopathic interference is desired. Teaching syllabus be framed by these Councils for whole country and practitioners be registered with Councils for all India Practice License in additions to provincial registrations.

61. The society is in favour of control over the teaching and practice of the Homeopathic system of medicine in each State by the State Council affiliated to the Central Council having its jurisdiction all over India. The State Council will be an autonomous body and not mere a satellit to the Central Council. The Central Council will be an affiliating body and the State Councils will determine the standard and course of study for each State according to the special circumstances of the State.

SELECTED INDIVIDUALS—V

18. Yes. But the I.M.C. should have no control over Homeo.

22. Yes. On the lines of the Indian Medical Council.

33. Yes. The graduate education in one science and P.G. in other systems.

40. There should be control over teaching and practice of Homeopathy in the line of the I.M.C.

44. There should be control over the teaching and practice of all systems of medicine by the Ministry of Health of Indian Government.

56. Yes. On the lines by I.M.C.

Question No. 37—Are you in favour of any control over the teaching and practice of this system? If so, on what lines?

THE STATES—I

13. No control over the practice. One who has to start any teaching institution he should take previous permission of the Board or only course of study recognised by the State Government should be taught.

32. Yes. Refer to the answer to Question No. 31.

34. Yes. The teaching and practice should be controlled by the appointment of an All India Homeo. Medical Council having branches in the States. The Central and the respective State Homeopathic Medical Faculty be there to control the teaching and for the conduct of examinations.

47. This can be considered while examining the reports.

58. Yes. One who has to start any teaching institution should take previous permission of the Board, or only course of study recognised by the State Government should be taught.

THE TEACHING INSTITUTIONS—II

2. As per the recommendations of the Homeo. *Ad hoc* Committee appointed by the Government of India.

9. There should be two courses: diploma and degree. There should be no control over practice.

11. There should be uniform standards of teaching and examinations within a State borders. Each State should be left free to formulate its standard as also its policies under a Board constituted for the purpose. After formulation of such State policies and their affectuation, these State Board may make proper adjustment for application all over India.

12. We propose that the teaching should be maintained by the Homeopathic Faculty.

14. State control through Homeo. Medical Council (member elected from Homeopath.).

26. Yes. Not on the lines of control by I.M.C.

30. Yes.

38. The present Act (IX of 1953) existing is enough.

49. Yes. On the lines to be indicated by the Central Council of Homeopathy to be formed by the Central Government according to our suggestions given in answer to question No. 45.

52. The Central Council should have ample powers to control training and practice but States should have full autonomy so that they can adjust their own affairs according to the conditions prevailing in their respective States.

HOSPITALS ATTACHED TO THE TEACHING INSTITUTIONS—III

24. Yes, Sir, definitely, but on the lines of democratic demands; suggestions and proposals of top-ranking and leading Hahnammannian Homeopaths of 20 years' record.

48. Yes. Effort should be made to see that no unauthorised can start practice by the simple purchase of the diploma. At the same time the practice of Homeopathy must be allowed to reach to the poorest living man. In our opinion an examining body (University or Authorised Board) may be set up and they will examine all students coming from recognised sources and will award diploma and suitable cases. Greater weight should be placed on the examining centres and not on the Training Centres who may be allowed to teach in any suitable time, i.e., morning, day or night and in any moderately equipped institution.

50. See answer to question 31.

SELECTED REPRESENTATIVES OF THE PROFESSION—IV

3. *Vide* answer to question No. 31.

21. *Vide* as 31.

35. Yes, but by a strictly Homeopathic Medical Council.

37. I am of the opinion that the education and practice of Indian systems of medicines should be regulated in the way, I have suggested in answer to No. 31.

43. Yes. On the lines suggested in editorial, "Homeopathy and Comparative Medicines", August, 1955 issue (Encl.).

45. Recognition of Homeopathy and constitute a Central Homeo. Board to co-ordinate the functions of the different State bodies in order to ensure a uniform system of control over Home education and practice all over India.

54. See answer to question No. 31.

55. Teaching institutions should be affiliated to universities. Each university should have a faculty of this system. A Central Council should act as a co-ordinating body. All syllabus be laid down by Central Council. Institutions be inspected off and on by Council. There be provincial and All India registrations.

SELECTED INDIVIDUALS—V

15. No.

18. Yes. Faculty Board should be formed for the conduct of Homeopathy.

22. Yes. On the lines of modern medicine is carried on.

31. Yes.

33. By registering all practitioners, bringing them to Standard status.

40. State control over practitioners and Pharmacies in the line of Modern Medicine.

44. Yes, a Board appointed by the Indian Government should inspect the teaching, practitioners should be registered and listed.

56. Yes. On the lines by Indian Medical Council.

Question No. 44—Do you suggest any control or co-ordination in the management of education and practice?

THE STATES—I

32. Yes, as recommended by the Homeopathic Enquiry Committee and the *Ad hoc* Committee.

THE TEACHING INSTITUTIONS—II

11. Yes. 30 yrs.

38. Refer answer to No. 46.

HOSPITALS ATTACHED TO THE TEACHING INSTITUTIONS—III

16. Co-ordination with management of education and practice.

24. Yes, Sir, every thing deserve the control under the mangement of Indian Homeo. Members of the Indian Homeo. Federation with F.L.H. Homeopaths as advisers who should be co-opted without Allopathic opportunists, Homeopaths therein.

50. There should be State control in the management of education and practice but this should be done unless by adequate financial support from the State; at the same time there should be uniform standard in the States.

SELECTED REPRESENTATIVES OF THE PROFESSION—IV

4. We want State recognition of Homeo. and control to the management of Homeo. education, practice separately by the Central Homeo. Board as mentioned in question 31.

5. Refer to recommendations of H.E.C. Report.

6. Vide answer to No. 31.

7. State recognition of Homeo. and control of its education and practice on lines to be laid down by the Central Council of Homeopathy.

8. No. Co-operation and co-ordination by the Central Government to extent of controlling education and practice provided the Central Government promises, provisions for future successful students.

10. Co-ordination.

17. Co-ordination.

19. Government control.

20. Yes. Central control under the co-ordination of the States in mangement of education and practice for the men those who are conversant with it.

21. Education and practice are regulated and controlled by the provision of Act.

23. State control in the beginning; but later on, only co-ordination of the States.

25. Yes.

27. Our association greatly desires to have Central State Council for Homeopathy with sufficient branches.

28. The education and practice of Homeopathy must be under the control of Homeo. Medical Council or Faculty or Board which should be a body of Homeo. only. The Government should have no control over education of Homeopathy.

37. In the beginning provincial control. Later on provincial co-ordination.

39. Reply given to questions 31 and 33.

41. Some sort of provincial control is recommended. Details will be discussed before the Committee.

45. State Faculty Board at least with 15 members on each of them nominated by the Government may be formed. Government for the first five years with a Central Board to co-ordinate the function of the State Board.

46. No. Co-operation and co-ordination by the Central Government provided Central Government promises provisions for future successful students.

51. State control, provided adequate financial support and uniform standards in all the States.

53. State recognition of Homeopathy separately by Central Homeo. Board as mentioned in reply to 31.

54. Strict control is essential.

55. Control by the Central Council for all India licenses. In future 5 years' practice and degree.

59. The co-ordination and control over practice, education and examination by the State can be only through a Central Council.

60. As above.

61. Yes, there should be a State Faculty of Homeopathy, and an Act passed by the State of Orissa called the Utkal Homeopathic Act, which should legally fix the position of the Homeo. practitioners as has been done in Bombay and some other States of India.

SELECTED INDIVIDUALS—V

18. There should be control by the State both for training and practice.

31. No.

33. Yes.

40. State control in the line of Indian Medical Council.

44. Education and practice should be State controlled.

Question No. 45—Please suggest the type of Council you would like, and how the representation should be adjusted in the Council of various associations.

THE STATES—I

32. Yes.

34. There should be an all India Homeo. Medical Council on which all States be represented. The minor details of the representation of various associations will be decided on merits at the time of the constitution of the Council.

THE TEACHING INSTITUTIONS—II

2. State Homeo. Medical Council or statutory body temporarily with D.G.H.S. as its president and immediate conversion of the members of the *Ad hoc* Committee into the members of the Council with some more additions according to the suggestion of the above.

11. The State Government may initiate a provincial Council or Board to formulate Advisory Board formed of representatives of different associations, etc., who will be entrusted with the task of chalking out a plan on the aspect of administration and regulation of Homeopathy for a stipulated time.

12. Homeopathic Faculty is to look out in this matter and they are to make rules and regulations for better education and treatment of patients.

14. By open election from Homeo. practitioners.

25. Yes.

30. The Central Council of Homeopathy consisting of two members from A class State and one from each B class State should be based on voting of Homeopaths of 10 years' standing.

38. Act IX of 1953 of Travancore-Cochin State.

49. State Homeo. Boards should first be formed by election. The State electorate should be constituted by all the existing Homeo. practitioners of the respective States. The Central Council of Homeo. should be formed with the representative sent by each Board.

52. There should be a Central Council for the whole Bharat which should control training and practice. The representation should be on the basis of strength of members of each association in different States.

HOSPITAL ATTACHED TO THE TEACHING INSTITUTIONS—III

16. Each Association to send one to the district. each district to send two or three to the province; each province to depute one or two to sit in the Central Council.

24. In the type and form of Indian Homeo. Federation comprised of representative members of 20 years' standing associations after rejecting all mushroom assosns.

48. Those who hold Allopathic qualifications and later on life start practising Homeopathy, often suffer from superiority complex, therefore, representation from this lot and as such a large number of Hainemannian Homeopaths should be put into Board.

50. An All India Council which powers to regulate the Homeopathic medical professional education (undergraduate, post-graduate and research) Homeo. Pharma. Industries and all other matters. Decisions of the Council should be mandatory on the Government of India and various State Governments. Composition of Council as under:—

- (1) representative from each State from the constituency of Principals of Homeo. Training Institutes recognised by the Government of India, acting on the advice of the Committee formed by the D.G.H.S., New Delhi subsequent to the formation of the Council power of the recognition be in the Council—1 representative from each State, 2 from registered Homeo. practitioners. The President of the Council shall be elected by the members of the Council.

SELECTED REPRESENTATIVE BODIES OF THE PROFESSION—IV

3. Refer the recommendations of the H.E.C. Report.
4. State Homeo. Board should first be formed by election by both registered and non-registered existing Homeopaths. The Central Council of Homeo. should be formed with the representatives by the State Board.
5. Please refer to H.E.C. Report.
6. State Council composed of members elected in open election.
7. State Board of Homeo. should first be formed by election and then Central Council be formed by the members of the Homeo. State Board. There must be Government nominee also.
8. Members of the Central Homeo. Council absolutely of representative Homeopaths to be elected and nominated by the votes of registered Homeopaths who obtained registration from the Central Homeo. Council by electoral procedure at an interval of 5 years.
10. All India body, just like Allopathy. All Homeopaths in each State should be enlisted. This would be a Central Council of Homeo. corresponding to that of All India Medical Council. An interim Central Council should be formed till the formal Central Council is established.
17. Each association to send 1 to the district; each district two or three to the province and each province to depute two or three in the Central Council.
19. Central Council of eminent Homeopaths should be formed. Representation to the Council, should be from the All India Homeo. Medical Association, Government nomination on the lines of modern body, to be made.
20. Central Homeo. Council of representatives from all States. Representation should be from among the regularly well-established associations.
23. All India Medical Council with equal representation from all States.
25. All India Homeo. Council with representation from respective State Councils which should have representatives from the associations.
27. According to Act IX of 1953 of T.C. State.

28. Homeo. Medical Association for each State with representative of State association must be Homeo. practitioners in their respective areas. 1/3 members of the Council by the rotation at the time of every three years.

36. Represented must be adjusted by both the practitioners. Office-bearers should be pure Homeopaths.

37. Equal representation from each State to form Central Council.

39. Council of eminent Homeopaths of all States elected by the Homeo. practitioners of respective States.

43. Council of registered Homeopaths both qualified and unqualified of whom at least 60 per cent. should be full-fledged doctors.

45. Central Council represented by 2 members from each State. There must not be any non-Homeopaths.

46. Central Council of purely represented by Homeopaths.

51. An All India Council should be formed consisting of 1 representative from each State from the constituency of principals of Homeo. Training Institutions, 1 from each State from the constituency of Professors and Lecturers to form the registered Homeo. Practitioners' constituency. The president of the Council shall be elected by the members of the Council from the representative of the Principals of recognised Training Institutions. There should be provincial Council also.

53. State Board be formed by election. The Central Council of Homeo. then should be formed by the representation of State Boards.

54. The Homeo. Medical Council (Central and Provincial) of purely Homeo. practitioners representation should be given according to strength and popularity of each important provincial association.

55. Central Council of pure Homeopathic members.

SELECTED INDIVIDUALS—V

15. Highly educated and experienced man of high repute should be selected for the membership of the Council.

18. There should be Central Council and State Board and representation of different associations should find place on them.

22. This is simply a matter of convenience and policies could be worked out in the light and necessity of conditions.

31. Every type of medicine should be maintained by those expert in various types of medicines.

33. A Central Council of Homeo. medicine by nomination where each State is represented. Provincial Board in each province.

40. State Council of Homeopaths consisting of elected representatives. Election Statewise. There will be nominated members from Government and universities and corporations. This Council will elect members for the Central Council.

44. The Council should work under the Ministry of Health. Election to the Council—members 50 per cent. from registered medical practitioners, 25 per cent. from various associations and 25 per cent. from teachers.

56. Like the Council of modern scientific medicine.

Question No. 46—Please give all your views and suggestions that may be helpful in future administration of medical education and regulation of practice?

THE STATES—I

13. There should be two courses—one surgical and another non-surgical. The courses recognised by the State Government of M.P. should be taught with its text books and syllabus all over India.

32. Refer question No. 31 and Sections 188, 189, 190 of the H.E.C. Report. The following points are as under:—

Training of Homeopaths, Research in Homeopathy, Standardisation of Homeopathic drugs, Regulation of practice of Homeopathy, utilisation of Homeopaths in Health Services.

34. There should be an All India Homeo. Medical Council on which all States be represented. The minor details of representation of associations will be decided while constructing the Council.

THE TEACHING INSTITUTIONS—II

2. As per the recommendations of the *Ad hoc* Committee for Homeopathy appointed by the Government of India.

9. There should be 2 courses—one non-surgical diploma course and a degree course and the non-surgical course should be maintained.

11. There should be one State College wherein all facilities should be provided. A post-graduate course may also be maintained.

Practice: Only such persons will be allowed to practice in Homeopathy as practising for 15 years. Diploma holders and any other person practising Homeopathy, after attending a refresher course and passing the examination held thereafter.

12. The State Government shall constitute a Board of Homeopathy in Orissa from amongst the nominated members by the State Governments, elected members and *ex-officio* members.

14. Will be explained in your presence.

26. *Training of Homeopaths.*—There should be under Graduate and Post Graduate Training in Homeopathy as recommended by the *Ad hoc* Committee for the Homeopathy. There should be research programme. Standardisation of Homeo. drugs should also be carried on where such facilities exist.

Practice.—The Committee was of the opinion to introduce a system of registration for regulation of practice of Homeopathy.

30. The State Government should constitute a Homeo. Medical Faculty with whom the teaching institutions should be affiliated. The faculty should maintain a register of all the qualified physicians and also issue licenses authorising them to practise.

38. Government must start and maintain the necessary institutes for teaching Homeopathy. The Government can prepare and prescribe the syllabus for teaching. Public examination can be conducted by a Board of Examiners appointed by Government.

49. There should be two courses: One Upper Grade Course of 4 years; Lower Grade Course of 3 years. Those existing Homeopathic schools and colleges in various States, should be recognised and privileges should be given to students regarding issue of Death and Leave Certificates. Curriculum to be fixed by the Central Council of Homeopathy.

52. The schools and colleges be given liberal grants by Governments. Practice of Homeopathy is so simple and comparatively harmless that there should be no ban on private practice by anybody till a sufficient number of qualified practitioners are produced from regular schools and colleges. Registration should be on the basis of length of practice in the beginning. The Central Council should have ample powers to control training and practice but the States should have full autonomy.

HOSPITALS ATTACHED TO THE TEACHING INSTITUTIONS—III

16. A non-surgical short course of 2 years; Diploma Course based on Modern Medical Education. There should be no prohibition to Homeo. practising persons as it is a harmless science. Registration should be on uniform standard, *i.e.*, of 10 years' practice; and uniform standards of education for degree may be laid down in consultation with the World Homeo. Medical Congress.

24. All the views of Homeopaths are generally published in Medical Comrade of Delhi. Any way, Round-Table-Conference of top-ranking leading Homeopaths should be called immediately to have their suggestions for future uplift.

50. Uniform all India standards of registration and education. Establishment of all India Council and Provincial Council. Establishment of Faculties or Boards. Representation on these bodies to only those Homeo. practitioners who have received Medical Training in recognised institutions.

48. A school course of 3 years giving licentiate diploma may be encouraged. A separate college of 4 years may be allowed to run in institutions as prescribed by Government students may be given bachelor's degree. At present all practitioners may be accepted for registration; then gradually a new batch will be able to practise only when qualified as per the above.

SELECTED REPRESENTATIVE BODIES OF THE PROFESSION—IV

3. Refer to recommendations of the H.E.C. Report and the proposals of the *Ad hoc* Committee.

4. Entrance Certificate should be School Final Examination Certificate to Homeo. College. Private Homeo. schools and colleges which are running in the States should be recognised till enforcement of proposal from the Parliament. Amalgamation of several colleges of Calcutta to establish a Model College. Matter to be decided by the State Board—represented as per answer to question No. 45.

5. Refer to recommendations of the H.E.C. Report.

6. We will express the view before the committee.

7. Central Government should be guided in future by the views of Central Council in education and practice. Full-fledged college of 4 years—qualification for entrance I.Sc.—School Course of 3 years—minimum qualification school final examination—Practitioners to be granted registration by the State Boards.

8. Central Council of pure Homeopaths should be formed. Diploma and Certificate should be granted by this Council. Practitioners of 7 years should be exempted from examinations of registration. Those below 7 should obtain refresher course of 6 months. Establish Homeo. University guided by Central Council to be formed by Central Committee for 4 years' course. Common rules to be formed in each State as per Central Homeo. Act, to be formed by the Government of India.

10. All systems of treatment should be treated by the Government.

17. Non-surgical course of 2 years. Diploma Course in addition to full-fledged 5 years degree course, based on Modern Medical Education. No restriction even on unqualified Homeo. practitioners. Persons of at least 10 years regular practice should be registered in the Central List and should be allowed to practice in any part of India. Uniform standard of education may be laid down in consultation with World Homeopathic Medical Congress.

19. Government should set up a Board of experts. It should prepare syllabus. There should be well-equipped hospitals attached to the teaching institutes. Arrangement should also be made for carrying out research work. Homeo. practitioners of 5 years should be registered. Provincial restriction should not be imposed.

20. The Central Body with co-ordination of State to fix a standard of education to provide facilities to the mofussils, should be set up. Practical training should be given according to the course prescribed by the Central Body.

21. Central Government constituted an *Ad hoc* Committee, which submitted its report. It is understood that field of modern medicine and this Council after mature consideration should suggest 4 years' degree course, based on judiciously graded syllabus. Strict restriction must be on unregistered practitioners and institutioners.

23. Colleges and schools should be started under the guidance of the I.M.C. with the suggestion of Universities.

25. Each medical science must have its own administration on the basis of the I.M.C. Particular standard must be maintained on imparting medical education throughout India. Therefore, model institutions must be established by the States by the aid of the Centre.

27. Government to start and maintain necessary teaching institutions or private institutions must be encouraged till the Government is able to start. Government should compile a good syllabus with the advise of the experts. There should be a Government as like allôpathy.

28. There must not be any interference between practitioners of all systems. Government treat all systems equally. People must have free choice for the selection of systems of medicine. Government should start separate hospitals, and colleges and in the existing hospitals, provision should be made for all systems. There should be a Graduate course in the Universities. Homeopathy must be exempted from prohibition. Homeopathy must have status in insurance scheme and must have status of modern practitioners. In vaccination and ennoculation Homeo. must be adopted. Homeopaths must be registered in common register.

35. Please consult Dr. N. M. Jassoria, M.D., President, All-India Homeo. Medical Association, Ramkote, Hyderabad, and he is the most qualified person to advise you in all the matters concerning to future administration and regulation of practice of Homeopaths.

36. All the existing Homeo. practitioners registered as noted under: A Class Practitioners, B Class Practitioners, Pharmacists, Nurses, Midwife, Medical Graduates. The postal tution system of study should be banned immediately.

37. See question Nos. 31 and 44.

39. Homeopathy should be allowed to develop by its own waters. Help must be taken from Allopathy and must not be tact to Allopathy.

41. Will express our views before the Committee.

43. Knowledge of Homeopathy should be encouraged among the educated class among country on the lines followed by H.E.A.L. in U.K. All the postal courses should be stopped.

45. Central Council should have proper control over Medical education and practice. There should be a State Research institution for each system. Matriculation should be the minimum for diploma course and I.Sc. for Degree Course. There should also be a P.G. Course.

46. Certificates and diploma of all the Homeo. institutes in the country should be granted by the Central Council. Practitioners of

7 years should be registered and below 6 months' refresher course must be started. Separate Homeo. institutions with hospital and laboratory. Qualifying for school, for 4 years according to the curriculum framed by the Central Council.

51. Financial support, uniform standard, establishment of all India and Provincial Council and establishment of Boards or Faculties. Representation should be given to Homeopaths in all institutions. Hospitals and institution under the control of executive officer

53. State Board and Central Board must be started.

54. No pathies should interfere in Homeopathy. Separate colleges with hospital set up by Government and by separate Act. Homeopathic practitioners should be utilised in labour health insurance scheme and other departments, e.g., sanitation, etc.

55. Staff of teaching institutions must be qualified. The Principal must have hold M.D. Degree, with Post Graduate Training experience.

59. There should be no legal ban as such on the practice of Homeopathy (any person who cause injury to any human or animal can be treated adequately with the other laws of the land).

A long course of 5 or 6 years, should be started. An expert Homeopath should be the master of Homeopathic science, he need not have good or competent knowledge of all the modern medicine. He must have full and good knowledge of philosophy of Homeopathy, materia-medica, therapeutics, repretory, etc., etc., in addition to sufficient knowledge of Physiology, Pathology, Anatomy, etc., to the extent necessary for a Homeo. Physician. Any useful, workable and acceptable thing about regulation and co-ordination of Homeo. education and practice can be formulated by truly elected representatives of Homeopathy from all over India.

SELECTED INDIVIDUALS—V

18. The Government should enact laws for the control of different systems of medicine existing in India and from Central State Council for the purpose. Non-Homeopaths should not find place in the Council.

22 Letter addressed to the Chairman, Dave Committee, of the 22nd August, 1955 gives explanation to this question. (*The said letter is not traceable here.*)

31. The Government should take proper steps.

33. The future doctor must be an alround man and come under the rules and regulations of the Committee. Medical Council represented by each system of medicine. The standards must be uniform, to be formed by Universities or educative bodies.

40. There should be hospitals attached to the teaching institutes. After study, students should undergo a pre-registration course of 8 months.

44. *Two types necessary:* School Course of 4 years; College Course of 5½ years. Subject also be taught for Post-Graduate Research.

56. There should be no degree course or diploma course. Teaching must be on Post Graduate Level. Higher Training Institutions should be started for Post Graduate Study and for Research.



APPENDIX No. VII

Table showing the position of existing legislations for teaching and practice in Ayurveda, Unani and Homeopathy, in various states

| Name of the States | Ayurveda | Unani | Homeopathy |
|-----------------------------|---|------------------------------|--------------|
| 1. Assam . . . | + | o | .. |
| 2. Bihar . . . | + | + | .. |
| 3. Bombay . . . | + | + | .. |
| 4. Madhya Pradesh . . . | + | + | .. |
| 5. Madras . . . | + | + | Not certain |
| 6. Orissa . . . | Not Received | Not received | Not received |
| 7. East Punjab . . . | + | + | No. |
| 8. Uttar Pradesh . . . | + | + | + |
| 9. West Bengal . . . | No legislation but general council set up and Statutes drawn. | | |
| 10. Andhra . . . | Same as Madras, however, a committee report is under examination. | | |
| 11. Hyderabad . . . | + | + | |
| 12. Madhya Bharat . . . | + | .. | Not certain |
| 13. Mysore . . . | Rules drafted for all the three, | | |
| 14. Pepsu . . . | + | + | o |
| 15. Rajasthan . . . | + | + | o |
| 16. Saurashtra . . . | + | o | o |
| 17. Travancore-Cochin . . . | + | + | + |
| 18. Jammu-Kashmir . . . | Not Received | o | o |
| 19. Ajmer . . . | o | o | o |
| 20. Bhopal . . . | .. | + | o |
| 21. Coorg . . . | Not Received. | o | o |
| 22. Delhi . . . | .. | As East Punjab Bill Drafted. | |
| 23. Himachal Pradesh . . . | o | o | o |
| 24. Kutch . . . | o | o | o |
| 25. Manipur . . . | No legislature powers to enact any law follows the Centre Rules. | | |
| 26. Tripural . . . | o | o | o |
| 27. Vindhya Pradesh . . . | o | o | o |

+ Means legislation enacted.

o Means legislation not enacted.

APPENDIX VIII

MODEL DRAFT OF MEDICAL PRACTITIONER'S BILL

Whereas it is expedient to regulate the qualifications, and practice of medicine and to provide for the registration of practitioners in certain systems of medicine;

It is hereby enacted in the Seventh year of the Republic of India, as follows:—

CHAPTER I

PRELIMINARY

1. *Short title, extent and commencement.*—(1) This act may be called the..... (Name of the State) Medical Practitioners Act, 1956.

(2) It extends to the whole of the State of..... (Name of the State).

(3) It shall come into force on such date as the State Government may by notification in the Official Gazette appoint.

2. *Definition.*—For the purposes of this Act, unless there is anything repugnant in the subject and context;

- (1) "Board" means the Board of any systems of medicine established and constituted under Section 3 for the registration of persons professing any system of Medicine.
- (2) "Chapter" means a Chapter of this Act;
- (3) "Inspector" means an Inspector appointed by the Board under Section 24;
- (4) "List" means a list of practitioners prepared and kept under Section 19;
- (5) "Practitioner" means a Practitioner of any system of Medicine;
- (6) "President" means the President of the Board;
- (7) "Qualifying Examination" means the examination held for the purpose of granting a Degree or Diploma conferring the right of Registration under this Act;
- (8) "Register" means the Register of Practitioners maintained under Section 16;
- (9) "Registered Practitioner" means a practitioner whose name is for the time being entered in the Register under this Act or under any enactment of the Central or any other State Government.

- (10) "Registrar" means the Registrar appointed under Section 15;
- (11) "Regulations" means regulations made under Section 31;
- (12) "Rules" means Rules made under Section 30.
- (13) "System of Medicine" means Ayurvedic (including Siddha), the Unani and the Homoeopathic (including allied branches of Biochemistry).

CHAPTER II

3. *Establishment and constitution and Incorporation of Boards and Registration of Practitioners.*—(1) Subject to the provisions of Section 32 the State Government shall, by notification in the Official Gazette, establish as soon as may be practicable, one or more Boards under appropriate names, either jointly or separately for each of the different systems of Medicine.

(2) The Boards established separately for each of the three systems of medicine shall be called—

- (1) The Board of Ayurvedic system of Medicine.....
(Name of the State).
- (2) The Board of Unani system of Medicine.....
(Name of the State).
- (3) The Board of Homoeopathic system of Medicine.....
(Name of the State).

Such Board shall be body corporate and have perpetual succession and common seal and may sue or be sued.

(3) Each of the Boards established under sub-section 1 shall consist of..... (State the number) members who shall be appointed in the following manner; namely:

- (i) A President nominated by the State Government.
- (ii) (State the number) members nominated by the State Government out of which one person shall be a Director of the system of Medicine (if any) or the nominee of the Government.
- (iii) (State the No.) members elected by the Registered practitioners from amongst themselves:

Provided that for the first term of the Board the President and members shall be nominated by the State Government.

(4) The seats of members elected under clause (iii) of Sub-section (3) shall be so divided amongst the registered practitioners of different systems of medicine as to be in the proportion of their

members on the Register on the date of the election:

Provided that in determining the said proportion, a fraction of one-half or less shall be neglected and a fraction of more than one-half shall be counted as one.

Provided that the number of members representing registered practitioners of any system of medicine shall not at any time be less than two.

- (5) Notwithstanding anything contained in Sub-section (4), in the case of the first constitution of the Board established jointly for all or more systems of medicine, the State Government shall nominate the practitioners of each of such systems in such proportion as it deems fit, from amongst the practitioners who may be eligible to be entered in the Register.

4. *Nomination of Members.*—If any of the members is not elected under section 3, the State Government may nominate such registered practitioners as it deems fit, and the practitioners so nominated shall, for the purpose of this Chapter, be deemed to have been duly elected under Section 3.

5. *Election of Members.*—The election of practitioners entitled to be the members of the Board under clause (iii) of Sub-section (3) of Section 3, shall be held at such time and place and in such manner as may be prescribed by rules.

6. *Term of Office.*—(1) Save as otherwise, provided by this Chapter the term of office of selected and nominated members shall be for a period of five years commencing from the date from which the first meeting of the Board is held after the members are elected under Sub-section (3) of Section 3:

Provided that the term of office of members appointed to the Board constituted immediately after this Act comes into force shall be for a period of three years from the date on which the first meeting of such Board is held.

(2) An outgoing member shall continue in office until the election or nomination of his successor, as the case may be.

(3) The outgoing member shall be eligible for renomination or re-election.

7. *Vacancies.*—If a vacancy occurs in the office of a member of the Board through death, resignation, removal or disability of such member or otherwise, previous to the expiry of the period of his office, the vacancy shall be filled in the manner prescribed by rules

Any person nominated or elected to fill the vacancy shall notwithstanding anything contained in Section 6, hold office only so long as the member in whose place he is nominated or elected would have held office if the vacancy has not occurred.

8. *Resignation of a member.*—Any member may at any time resign his office by letter addressed to the President. Such resignation shall take effect from the date on which it is received by the President.

9. *Disabilities for continuing as member.*—If any member, during the period for which he has been nominated or elected,

- (a) absents himself, without such reason as may in the opinion of the Board be sufficient, from three consecutive ordinary meetings of the Board, or
- (b) becomes subject to any of the disqualifications mentioned in Section 10,

the Board shall declare his office to be vacant.

10. *Disqualifications.*—No person shall stand as a candidate for election as a member of the Board or shall be a member of the Board—

- (a) who is an undischarged insolvent;
- (b) who has been adjudicated by any competent Court to be of unsound mind; or
- (c) whose name has been removed from the Register.

11. *Validity of proceedings.*—No disqualification, or defect in the election or nomination, of any person acting as a member of the Board or as the President or presiding authority of a meeting shall be deemed to vitiate any act or proceeding of the Board, in which such person has taken part.

12. *Time and place of meeting of Board.*—The Board shall meet at such time and place and every meeting of the Board shall be summoned in such manner as may be prescribed by regulations.

Provided that until such regulations are made it shall be lawful for the President to summon a meeting of the Board at such time and place as he may deem expedient by letter addressed to each member.

13. *Procedure at meetings of Board.*—(1) The President shall preside at every meeting of the Board. In the absence of President the members present shall elect one of them to preside.

(2) All questions at a meeting of the Board shall be decided by the votes of the majority of the members present in the meeting

(State the number) members shall form a quorum. No quorum shall be necessary for a meeting adjourned for want of a quorum.

(3) At every meeting of the Board, the President for the time being shall, in addition to his vote as a member of the Board, have a second or casting vote in case of an equality of vote.

14. *Other powers and Functions of Board.*—The Board shall also exercise such other powers and perform such other functions as may be prescribed by or under this Act, or as the State Government may direct, for carrying out the purposes of this Act.

15. *Registrar.*—(1) The Board shall, with the previous approval of Government appoint a Registrar. The Registrar shall receive such salary and allowances as may be prescribed by rules. The Board may from time to time grant him leave and may appoint a person to act in his place. Any person duly appointed to act as Registrar shall be deemed to be the Registrar for all the purposes of this Act.

Provided that where the period of leave to be granted to the Registrar does exceed one month the President may grant such leave.

(2) Any order of the Board appointing, punishing or removing the Registrar from office shall not be passed without the previous approval of the State Government.

(3) The Board may appoint such other officers and servants as may be necessary for the purposes of this Act.

Provided that the number and designations of such officers and servants, their salaries and allowances shall be subject to the previous approval of the State Government.

(4) The Registrar and any other officer or servant appointed under this section shall be deemed to be a public servant within the meaning of Section 21 of the Indian Penal Code.

16. *Duties of Registrar.*—(1) Subject to the provisions of this chapter and subject to any general or special orders of the Board, it shall be the duty of the Registrar.

- (i) to keep the register and list,
- (ii) to attend the meetings of the Board, and
- (iii) to perform generally the duties of the Secretary to the Board.

(2) The Registers shall be in such form as may be prescribed by rules. In the case where the Board is established jointly for one or more systems of medicine, the Registrar shall maintain the register in separate parts, each of which shall contain separately the names of practitioners qualified to practise in each of the systems

of medicine for which the Board is established. The Register or each part of the Register as the case may be, shall contain the names, residence, and qualifications of every registered practitioner, together with the date on which such qualifications was acquired.

(3) The Registrar shall keep the Register correct as far as possible and may from time to time enter therein any material alteration in the address or qualifications of the practitioners. The names of registered practitioners who die or whose names are directed to be removed from the Register under sub-section (3) of section 17 shall be removed from the Register.

(4) The State Government may direct that any alteration in the entries as respects additional qualification shall not be made unless on payment of such fee as may be prescribed by rules.

(5) For the purpose of this section the Registrar may write by registered post to any registered practitioner at the address which is entered in the Register to inquire whether he has ceased to practise or has changed his residence and if no answer is received to the said letter within six months, the Registrar may remove the name of the said practitioner from the Register:

Provided that the Board may, if it is satisfied that the said practitioner has not ceased to practise, on the application of the said practitioner, direct that his name be re-entered in the Register.

17. (1) Every person who passes a qualifying examination shall on payment of a fee of Rs. * be entitled to have his name entered in the Register. (*Amount to be left to the discretion of State Government).

(2) Notwithstanding anything contained in sub-section (1) every person who, within the period of two years from the date on which this chapter comes into force produces such proof as may be prescribed by rules to prove to the satisfaction of the Registrar that he has been in regular practice as a practitioner for a period of not less than fifteen years preceding the date on which this Act comes into force for being registered as a practitioner under this chapter shall be entitled to have his name entered in the Register on payment of such fee, as may be prescribed by rules.

(3) The Board may direct that the name of any practitioner who has been convicted of a cognizable offence as defined in the Code of Criminal Procedure, 1898, which discloses such defect of moral character as is, in the opinion of the Board, infamous in any professional respect, shall be removed from the Register. The Board may, on sufficient cause being shown, also direct that the name of the practitioner so removed shall be re-entered in the Register.

18. *Appeal to Board from the decision of Registrar.*—(1) Any person aggrieved by the decision of the Registrar regarding the registration of any person or any entry in the Register may appeal to the Board.

(2) Such appeal shall be filed and shall be heard and decided by the Board in the manner prescribed by the rules.

(3) The Board may, on its own motion or on the application of any person, after due and proper enquiries and after giving an opportunity to the person concerned of being heard, cancel or alter any entry in the Register, if, in the opinion of the Board, such entry was fraudulently or incorrectly made.

19. *Maintenance of list of persons in practice on (Date to be filled up).*—(a) The Registrar shall also prepare and keep a list called 'a list of persons in practice on the*.....' (Date to be filled up*).

(b) Every person not being a person qualified for registration under this Act who, within a period of two years from the date from which this Act comes into force, proves to the satisfaction of the Registrar that he has been in regular practice for at least one year in this State in the (Name) of system of medicine, surgery or midwifery or any of their branches shall be entitled to have his name entered in the aforesaid list on payment of Rs.....

Provided, however, that any person whose name has been removed from the Register kept under any Central or State enactment or from the register of any country where he was formerly practising, for infamous conduct in a professional respect, shall not be entitled to have his name entered in the list.

(c) The provisions of sub-section (3) and (5) of section 16, sub-section (3) of section 17 and section 18 shall *mutatis mutandis* apply to this list.

20. *Renewal Fee.*—(1) Notwithstanding anything contained in section 17 or 19, the Board may direct that a renewal fee of such amount as may be approved by the State Government shall be paid by each practitioner for the continuance of his name on the Register or list, as the case may be.

(2) If the renewal fee is not paid before the due date, the Registrar shall remove the name of the defaulter from the Register or list, as the case may be.

Provided that the name so removed may be re-entered in the Register or list on payment of the renewal fee in such manner and subject to such conditions, as may be prescribed.

21. Qualified Practitioners Certificates.—Notwithstanding anything in any law for the time being in force—

(1) the expression 'legally qualified medical practitioner' or 'duly qualified medical practitioner' or any word importing a person recognised by law as a medical practitioner or member of medical profession shall, in all Acts or Legislature in the State and in all Acts of the Central Legislature in their application to the State in so far as such Acts relate to any of the matters specified in List II or List III in the Seventh Schedule to the constitution of India, include a registered practitioner;

(2) A certificate required by any Act from any medical practitioner or medical officer shall be valid, if such certificate has been signed by a registered practitioner;

(3) A registered practitioner shall be eligible to hold any appointment as a Physician, Surgeon or other medical officer in any dispensary, hospital, infirmary or lying-in-hospital of any system of medicine in which he is registered supported by or receiving a grant from the State Government and treating patients or in any public establishment, body or institution dealing with such system of medicine;

(4) A registered practitioner may possess and prescribe the poisonous drugs for the system to which he belongs.

22. Qualification for Registration.—Save as otherwise provided in Section 17 of this Act on and after the expiry of two years from the date from which, this Act comes into force the name of any person shall not be entered in the register as a registered practitioner, unless he has passed a qualifying examination as specified in the Schedule annexed to this Act.

23. Recognition of Institutions.—(1) Any institution applying for recognition under this Act shall send an application to the Registrar and shall give full information in respect of the following matters pending the promulgation of the Central Act—

- (a) the constitution and personnel of the managing body;
- (b) subjects and courses in which it gives or proposes to give instructions;
- (c) accommodation, equipment and the number of students for whom provision has been or is proposed to be made;
- (d) the strength of the staff, their salaries qualifications and the research work done by them;
- (e) fees levied or proposed to be levied and the financial provision made for capital expenditure on buildings and equipment and for the continued maintenance and efficient working of the Institution.

(2) The Registrar shall place the application before the Board and the Board may direct the Registrar to call for any further information which it may deem necessary. The Board may also direct a local inquiry to be made by a competent person or persons authorized by it in this behalf.

(3) After recording the report of such local inquiry and after making such further inquiry as may be necessary the Board shall forward the application together with its report to the State Government stating its opinion whether the recognition asked for should or should not be granted. The State Government may thereupon grant or refuse the recognition or may grant it subject to such conditions as it deems fit. The decision of the State Government shall be final.

24. Qualifying Examination.—(1) Pending the promulgation of Central Act, the Board shall, by regulations, prescribe the course of training and qualifying examinations including the course of training and examinations prior to qualifying examinations. Such regulations shall provide that instruction and examinations shall, as far as possible, be given or held in any of the Indian languages spoken in the State.

(2) A qualifying examination shall be an examination in any system of medicine including the subjects of medicine, surgery and midwifery held for the purpose of granting a diploma conferring the right of registration under this chapter by any of the institutions which on the recommendation of the Board may be specified by the State Government by a notification in the Official Gazette as being authorised to hold a qualifying examination.

(3) It shall be the duty of the Board to secure the maintenance of an adequate standard of proficiency for the practice of the systems of medicine including the subject of medicine, surgery and midwifery. For the purpose of securing such standard, the Board shall have authority to call on the governing body or authorities of any institution giving instruction in the systems of medicine and on any examining body authorised by or desirous of being authorised under sub-section (2):

(a) to furnish such particulars as the Board shall require of any course of study prescribed by regulations or examination held by such body or authority or in such school or college with reference to the grant of any qualification;

(b) and to permit Inspectors appointed by the Board from among the Registered practitioners in this behalf to attend and be present at all or any of the qualifying or prior examinations.

(4) The Inspectors shall not interfere with the conduct of any examination, but it shall be their duty to report to the Board their opinion as to the sufficiency or insufficiency of every examination which they attend and any other matters in relation to such examinations on which the Board may require them to report.

(5) Every qualifying examination and every prior examination leading up to it held by the bodies or institutions authorised under this Section shall be inspected by the Inspectors at least once in three years and more frequently if the Board so directs.

(6) The Board shall forward a copy of every such report to the body which held the examination in respect of which the said report was made and shall also forward a copy of such report, together with any observations made thereon by the said body, to the State Government.

(7) An Inspector shall receive such remuneration to be paid as part of the expenses of the Board, as the Board, with the previous sanction of the State Government, may determine.

25. *Removal of Institutions authorised to hold qualifying examinations.*—If it shall appear to the State Government on the report of the Board that the course of study and examinations prescribed by any of the institutions specified in the notification under section 24 are not such as to secure the maintenance of an adequate standard of proficiency for the practice of the systems of medicine including the subject of medicine, surgery or midwifery, as the case may be, it shall be lawful for the State Government from time to time by notification in the official Gazette to direct that the said institution shall be removed from the said notification and shall not be authorised to hold a qualifying examination:

Provided that before any direction for the removal of an institution from the said notification is made under this section the Board shall require the institution to take steps within such time as it thinks fit to provide that the course of study and examinations prescribed by the institution are of an adequate standard.

NOTE:—Sections 23, 24-25 shall be in force pending promulgation of Central Act.

26. *Exemption from serving on inquests.*—Notwithstanding anything in any other law for the time being in force, every registered practitioner shall be exempt, if he so desires, from serving on any inquest or as a juror or assessor under the Code of Criminal Procedure, 1898.

27. *Fees payable to members of Board (and the Faculty).*—There shall be paid to the members of the Board such fees and allowances for attendance and such reasonable travelling allowances as shall, from time to time, be prescribed by rules.

28. *Fees received by Board.*—All moneys received by the Board as fees under this chapter shall be applied for the purposes of this chapter in accordance with the rules.

29. *Publication of list of Practitioners.*—(1) The Registrar shall at least once in every five years on or before a date to be fixed by the Board, cause to be printed and published a correct list of the names and qualifications of all practitioners for the time being entered in the Register and the dates when such qualifications were acquired.

(2) In any proceeding it shall be presumed that every person entered in such list is a registered practitioner and that any person not so entered is not a registered practitioner.

30. *Rules.*—(1) The State Government may, after previous publication, make rules to carry out all or any of the purposes of this Chapter.

(2) In particular and without prejudice to the generality of the foregoing power the State Government may make rules for any of the following matters:—

- (a) the time at which and the place and manner in which election shall be held under section 5;
- (b) the manner in which vacancies shall be filled under section 7;
- (c) the manner in which the meetings of the Board shall be convened and held;
- (d) the salary, allowances and other conditions of service of the Registrar under section 15;
- (e) the form of the Register and the particulars to be entered therein under section 16;
- (f) fees chargeable under section 17 of the alteration of entries in the Register;
- (g) the manner in which appeals against the decision of the Registrar shall be heard by the Board under section 18;
- (h) the application of fees;
- (i) fees and other allowances payable to members of the Board under section 27;
- (j) the manner in which and the conditions subject to which the name of a practitioner can be entered in the Register or list on payment of renewal fee under section 20;
- (k) the furtherance of any of the objects of the Board.

31. Regulations.—(1) The Board may, with the previous sanction of the State Government, make, regulations not inconsistent with this chapter or the rules for any of the following matters, namely:—

- (a) the time and place at which the Board shall hold its meetings under section 12;
 - (b) the salary, allowance and other conditions of service of officers and servants of the Board, other than the Registrar, under section 14;
 - (c) all other matters which may be necessary for the purposes of carrying out the objects of this chapter.
- (2) All regulations shall be published in the Official Gazette.
- (3) The State Government may by notification in the Official Gazette cancel any regulation.

32. Control of State Governments.—If at any time it shall appear to the State Government that the Board has failed to exercise or has exceeded or abused any of the powers conferred upon it by or under this Chapter or has failed to perform any of the duties conferred upon it by or under this Chapter, the State Government may, if it considers such failure, excess or abuse to be of a serious character, notify the particulars thereof to the Board and if the Board fails to remedy such default, excess or abuse, within such time as the State Government may fix in this behalf, the State Government may dissolve the Board and cause all or any of the powers and duties of the Board to be exercised and performed by such person and for such period not exceeding two years as it may think fit.

CHAPTER III

33. Medical Practitioners not registered under this Act or under any Central or State enactment not to practise, etc.—(1) No person other than (i) a practitioner registered under chapter II of this Act or (ii) a medical practitioner—registered under any Central or State enactment or (iii) a person whose name is entered in the list mentioned in section 19 shall practise or hold himself out, whether directly or by implication, as practising for personal gain any system of medicine, surgery or midwifery:

Provided that the State Government may, by notification in the Official Gazette, direct that the provisions of this section shall not apply to any class of persons or in any specified area.

(2) A person shall be deemed to practise any system of medicine within the meaning of—sub-section (1) who holds himself out as being to diagnose, treat, operate or prescribe medicine or other remedy or to give medicine for any human disease, pain, injury, deformity or—physical condition or who by any advertisement, demonstration, exhibition or teaching officers or undertakes, by any means or method whatsoever to diagnose, treat, operate or prescribe medicine or other remedy or to give medicine for any human disease, pain, injury, deformity or physical condition:

Provided that any person who mechanically fits or sells lenses, artificial eyes, limbs or other apparatus or appliances or is engaged in the mechanical examination of eyes for the purpose of constructing or adjusting spectacles, eye glasses or lenses or practise physiotherapy or chiropody or who without personal gain furnishes medical treatment or does domestic administration of family remedies shall not be deemed to practise medicine within the meaning of this section.

Explanation for the purpose of sub-section (2):—

- (a) 'Advertisement' includes any word, letter, notice, circular, picture, illustration, model sign, placard, board or other document and any announcement made orally or by any means of producing or transmitting light, sound, smoke and other audible or visible representation; and
- (b) 'Physio-therapy' means treatment of human disease, pain, injury, deformity or physical condition by message of other physical means but does not include bone setting.

34. Medical practitioner not registered under this Act or under any Central or State enactment, not to sign birth or death certificate, etc.—Notwithstanding anything in any law for the time being in force, no person other than a practitioner registered under Chapter II of this Act or a medical practitioner registered under any Central or State enactment—

- (a) shall sign or authenticate a birth or death certificate required by any law or rules to be signed or authenticated by a duly qualified medical practitioner;
- (b) shall sign or authenticate a medical or physical fitness certificate required by any law or rule to be signed or authenticated by a duly qualified medical practitioner;
or

- (c) shall be qualified to give evidence at any inquest or in any Court of law as an expert under section 45 of the Indian Evidence Act, 1872, on any matter relating to medicine, surgery or midwifery.

35. *Penalty.*—Any person who acts in contravention of the provisions of section 33 or 34 shall on conviction, be punishable with fine which may extend to Rs. 100 for the first offence, to Rs. 500 for second offence and to imprisonment for a term not exceeding two years and a fine not exceeding Rs. 1,000 for every subsequent offence after his conviction for such second offence.

36. *Conferring, granting or issuing colourable imitations of degrees, diplomas or licences to be an offence.*—(1) No person other than a body or institution authorized under section 23 of this Act or under any Central or State enactment for the time being in force shall confer, grant or issue or hold himself out as entitled to confer, grant or issue any degree, diploma or licence which is indetical with or is a colourable imitation of any degree, diploma or certificate license granted by a body or institution authorized under this Act or under any Central or State enactment for the time being in force, as the case may be.

(2) Whoever contravenes the provisions of this section shall, on conviction, be punishable with fine which may extend to Rs. 1,000 and if the person so contravening is an association every member of such association who knowingly or willfully authorizes or permits the contravention shall, on conviction, be punishable with fine which may extend to Rs. 1,000.

37. *Prohibition against addition of any title, description, etc. to name of any person, unless authorized to do so.*—(1) No person shall add to his name any title, description, letters or abbreviations which imply that he holds a degree, diploma, license or certificate as his qualification to practise any system of medicine unless:

- (a) he actually holds such degree, diploma license or certificate; and
- (b) such degree, diploma, licence or certificate—
 - (i) is recognised by any law for the time being in force in India or in any part thereof, or
 - (ii) has been conferred, granted or issued by a body or institution referred to in section 36, or

- (iii) in cases not falling under sub-clause (i) or (ii) has been conferred, granted or issued by an authority empowered or recognised as competent by the State Government to confer, grant or issue such degree, diploma, license or certificate.

(2) Whoever contravenes the provisions of sub-section (1) shall be punished in the case of a first conviction with fine which may extend to two hundred and fifty rupees and in the case of subsequent conviction, with fine which may extend to five hundred rupees.

38. Saving.—Nothing in sections 33 and 35 shall apply to any person:

- (a) who limits his practice to the art of dentistry, or
- (b) who being a nurse, midwife or health visitor registered under any Central or State enactment or a Dai attends on a case of labour, or renders such other services as are required of her in the course of such work.

39. Liberty to practise in rural areas.—Notwithstanding anything contained in this chapter, a person may practise medicine in any rural area:

- (i) if he has commenced practice in any village in the said area prior to a date on which a practitioner registered under chapter II of this Act or under any Central or State enactment has commenced and is in the regular practice of medicine in the said village, and
- (ii) so long as he continues to practise in the said village as his principal place of practice.

Explanation.—For the purposes of this section, 'rural area' means an area which is not within the limits of a municipality, cantonment or notified area committee.

40. Court competent to try offences under this Act and cognizance of offences.—(1) No Court other than the Court of a Presidency Magistrate or of a Magistrate or of a Magistrate of the First Class shall take cognizance of, or try, an offence under this Act.

(2) No court shall take cognizance of any offence under this Act except on a complaint in writing of an officer empowered by the State Government in this behalf.

41. Indemnity to persons acting under the Act.—No suit, prosecution or other legal proceeding shall be instituted against any person for anything which is in good faith done or intended to be done under this Act, rules or regulations.

CODE OF MEDICAL ETHICS

Board of Ayurvedic and Unani Systems of Medicines

The Board of Ayurvedic and Unani Systems of Medicine having been empowered by Section 17(3) and Section 19(c) of the Medical Practitioners' Act, to take cognizance of professional misconduct and to direct the removal of names of medical practitioners registered under Section 17 or entered in the list under Section 19 of the Act, who may be found guilty of infamous conduct in any professional respect, the following advise and remarks on some of the principles of medical ethics are published for their information and guidance.

Section 17(3) reads as follows:—

“The Board may direct that the name of any practitioner who has been convicted of a cognizable offence as defined in the Code of Criminal Procedure, 1898, which discloses such defects of moral character as is, in the opinion of the Board infamous in any professional respect shall be removed from the Register. The Board may on sufficient cause being shown also direct that the name of the practitioner so removed shall be re-entered in the Register.”

Section 19(c) reads as follows:—

“The provisions of sub-sections 3 and 5 of Section 16, sub-section (3) of Section 17 and Section 18 shall *mutatis mutandis* apply to this.”

NOTE 1:—In famous conduct of any professional respect means any line or conduct that the generality of profession may hold as derogatory to the profession and calculated to lower its dignity and prestige in the estimation of public and the profession.

NOTE 2:—The following remarks do not embody every kind of professional conduct for which names are liable to be erased from the medical register of list under Section 19. The Board is not precluded from considering and dealing with any form of professional misconduct (for example, immorality involving abuse of professional relationship, or outraging the modesty of a female patient, health visitor or a lady doctor, nurse or midwife etc. or any other categories of offence of professional misconduct, such as drunkenness, gambling etc.) as they arise from time to time.

1. Some objectionable practices.—The following and similar practices which tend to lower the dignity of the profession should be avoided:—

- (a) Soliciting private practice, either personally or by advertisement in the newspapers, by placards, or by distribution of circulars, cards or hand-bills, or by giving as commission a percentage of fee received.
- (ai) Giving discourse, essay or articles on medical science or disease of treatment in any lay newspaper, lay magazine or lay journal either openly under his name or an assumed name whether with or without any re-

muneration, which has the direct or indirect effect of advertising himself or soliciting practice.

- (aii) Giving medical advice to patients or others in any lay newspaper, lay magazine or lay journal, either openly under his name or an assumed name whether with or without remuneration.
- (b) Entering into any compact in his personal capacity with a pharmacist or manufacturer or firm dealing with medicine or medical or surgical appliances or requisites, to receive a share in the profit arising from the sale of medicine prescribed, or medical or surgical appliances or requisites.
- (c) Keeping an open shop that is one for sale of medicine, medical or surgical appliances etc., other than those prescribed by him or by another registered practitioner or styling his dispensary in such a way as to cause it to be taken for a Chemist's shop, e.g. "Nelson & Co., Dispensing Chemists" etc.
- (d) The publication of an advertisement or announcement of an obscene or objectionable nature, or making claims regarding treatment or medicines, used in one's own practice, or giving certificates in lay press regarding patent or proprietary medicine or medicines used, or treatment given by any other person.
- (e) Standing in any open space or roadside or announcing or exhibiting remedies or teaching of their use to the lay public.
- (f) Receiving commission from trades-people in return for recommending them for their wares, or from other practitioners including specialists, for recommending patients and paying commissions to hotel-proprietors, leading house-keepers, monthly nurses, midwives, or others for introduction to cases.
- (g) Writing prescriptions in a private formula of which only a particular pharmacist has the key. Such secret prescriptions are unprofessional.
- (h) Covering a person who is not entitled to practice in this State or entering into any compact with a person, who is not entitled to practise and who owns an institution for the treatment of patients by Electrotherapeutics, X-ray Therapeutics, Vaccine Therapy etc. and receiving share of commission from the profits of any such business of medical nature.

- (i) Associating with foreign medical men who do not possess a medical qualification recognised for registration by the General Medical Council as an additional qualification.
- (j) Associations with medical agents of manufacturers, whose sole object is to object products of a particular manufacturer.
- (k) Agreeing to attend any patient on terms of "No cure No pay".
- (l) Exhibiting publicly a scale of fee.
- (m) Publishing or sanctioning the publication of letters of thanks from patients or of any kind of laudatory notices with regard to professional matters, with or without photographs in non-professional newspapers or journals.
- (n) To display an unusually large signboard or writing on it anything else than the name, the qualifications and the speciality, if any, he practices. The same should be mentioned on the prescription paper, which may also contain the address and telephone number. Appointments held now or before should not be mentioned on the signboard or prescription paper. It is improper for a medical practitioner to affix signboards on chemist's shop or places where he does not reside or practice.

2. *Medical Certificates*.—(a) Certificate issued by a medical practitioner over his signature should correspond strictly with facts within his personal knowledge and should not be untrue, misleading or improper.

(b) They should not cover more than the actual period during which the patient has been under his personal observation.

(c) They should not be given for inadequate or extraneous reasons.

3. *Medical attendance and consultations*.—No member should meet in consultation any practitioner who is not entitled to practise in this State or whose name has been removed from the register or list under section 19 for infamous conduct in professional respect.

4. Every member should endeavour to observe punctuality in consultation appointments. If the medical attendant has not arrived within a reasonable time (e.g. a quarter of an hour after the appointed time), the consultant shall be at liberty to a patient alone and should leave his conclusions in writing in a closed envelope. The consultant should also be as punctual as possible.

5. The result of the consultation shall be mutually arranged between the medical attendant and the consultant and the duty of announcing it to the patient's friends shall rest with the medical attendant.

6. Differences of opinions should not be divulged unnecessarily; but when there is an irreconisable difference of opinions, the circumstances should be frankly and impartially explained to the patient's friend by the medical attendant. It is open to them to seek further advice, either as is preferable in consultation, with those already in attendance, or with the medical attendant only.

7. The attendance of a consulting practitioner should cease when the consultation is concluded unless another appointment is arranged by the medical attendant or unless the patient has dispensed with the service of a medical attendant and engaged those of another. In no case shall the consulting practitioner treat the patient alone or hand him over to his assistant or remove him to a nursing home or private attendant without the knowledge of the medical attendant or injure the latter's position in any respect.

8. When it becomes a duty of a practitioner occupying an official position to see and report upon the case of illness or injury, he should communicate with the practitioner in attendance so as to give him the option of being present. The practitioner seeing the case officially should scrupulously avoid interference with or remarks upon the treatment or diagnosis that has been adopted.

9. When the consultant in his room sees a patient at the request of a medical practitioner, it is his duty to write to the latter stating his opinion of the case with the mode of treatment he thinks should be adopted, and he shall not again see the same patient without fresh note from his medical attendant.

10. A member entrusted with the care of practice of another member during sickness or absence should not charge the absent practitioner for his services, except in the case of special arrangements between the practitioners.

11. A member called upon in an emergency to visit a patient, who, under ordinary circumstances, would have been attended by another member should, when the emergency is provided for, retire in favour of the ordinary medical attendant, but shall be entitled to charge the patient for his services.

12. There is no rule that medical practitioners should charge one another for their services, but it should be regarded as a pleasure and privilege to give one's service freely to a professional brother, his wife or to a medical student.

13. A medical practitioner is justified to refusing to continue attendance on a case.

(a) where he finds another practitioner is in attendance;

(b) Where other remedies than those prescribed by him are being used;

- (c) Where his remedies are refused or prescribed diet not followed;
- (d) Where he is convinced the illness is an imposture and he is being made party to a false pretence;
- (e) Where the patient persists in the abuse of opium, alcohol, charcoal or similar poisons.

He is not in any way bound to give up a case because he cannot cure it, so long as the patient desires his services.

14. *General matters.*—A medical practitioner is under an obligation to his patient to preserve, his secrets, and in legal matters should, except with the patient's consent, answer questions only at the express direction of the Judge or Magistrate presiding in Court of Law.

15. A Medical practitioner should not volunteer to give evidence in a Court of Law against any person who has been under his professional care. He should only appear on sub-poena.

16. Medical officers of health should not visit a patient under the care of a medical practitioner without notice and should not express doubt or dissent with respect to the diagnosis before the patient or his friends. A Medical Officer of health or sanitary authority ought not to demand a statement of the symptoms upon which a diagnosis of a notifiable disease was based by any medical practitioner.

17. It is the duty of medical practitioners as citizens to assist cordially in carrying out the provisions of the Public Health Acts, especially with regard to the notification of diseases so as to enable the Public Health authorities to take preventive measures to check the spread of epidemics.

18. *Miscellaneous.*—No medical practitioner should enter into any compact with a nurse, midwife or any other person who may own or manage a private hospital, nursing home or a laying-in-hospital nor receive a share of profits therefrom.

19. It is not in consonance with professional ethics that a medical institution should be advertized in the lay papers unless such institution is registered as a charitable society.

20. When a registered practitioner wishes to notify a change in address, he should be careful to see that such notices are not published more than twice on each occasions of a change. They may be published either twice in one English or in one vernacular paper, or once in both. Such notices should not state anything beyond the base change of address.

Registration Certificate

Certificate No.....

Office of the Board of systems of Medicine..... (Name of State)

I, hereby certify that Shree.....
 has been registered, under..... (Name of the State) Medical
 Practitioners' Act on..... (date) at..... (Name of
 place).

Address.....

Birth date.....

Qualifications.....

N.B.—This Certificate will be effective until the printed Register
 for..... (Year) is published.

SEAL

Date.....

Place.....

Registrar.

Important Notice

Every Registered Medical Practitioner should be careful in noti-
 fying the change of his address and in replying to other information
 required by the Registrar, failing which his name be liable to be
 deleted from the Register under Section 16(5) of the Act.

Specimen Signature

Board of.....System of Medicine,..... (Name of
 the State)..... (Place).

I am giving below the *specimen* of my signature:

Place:

Date:

Specimen Signature

REGISTER

| Name of the Practitioners | Address | Birth Date | Qualifications | Date of Registration |
|------------------------------|---------|---------------|----------------|-------------------------|
| 1 | 2 | 3 | 4 | 5 |



सत्यमेव जयते

Details about the entries in Col. 4 of the Register.

Section I

(1) The requirement fulfilled by the registered practitioner in Section 3 of each part for the purpose of registration under section 17 (2) of the Act is entered after his name in column 4 as follows:—

| | | | | |
|--------------------------------|---|---|---|---|
| "Practitioner in Ayurveda" | . | . | . | } Practice for a period of not less than 15 years as required under section 17(2) of the Act. |
| or "Practitioner in Unani". | . | . | . | |
| Approved apprenticeship | . | . | . | Apprenticeship approved under proviso to section 17(2) of the Act. |
| "Approved Training" | . | . | . | Training approved under proviso to Section 17(2) of the Act. |
| Name of an Examination | . | . | . | Examination approved under proviso to section 17(1) of the Act. |

(2) For more information about an examination, whereof merely the name is stated, see the list given below:—

Schedule of Qualifications registerable under Sec. 17 (1)

| Examination | Examining Body | Place |
|--------------------------------|---|--------------|
| Ayurvedacharya . . . | All-India Ayurveda Mahamandal Vidyapeeth. | Lahore. |
| Ayurvedacharya (Jaipur) . | Maharaja Sanskrit College . | Jaipur. |
| Ayurvedacharya Dhanvantari . | Ayurvedic and Unani Tibbi College. | Delhi. |
| Ayurvedalankar . . . | Gurukul University . . . | Kangri. |
| Ayurvedabhishak . . . | All India Ayurveda Mahamandal Vidyapeeth. | Lahore. |
| Ayurvedabhishak (Jaipur) . | Maharaja Sanskrit College . | Jaipur. |
| Ayurvedabhishak Visharad . | Shreeram Ayurveda Maha-Vidyalyaya. | Malwan. |
| Ayurveda-Chikitsak . . . | Ayurveda Prasarak Mandai . | Satara. |
| Ayurveda-Chudamani . . . | Prem Vidyapeeth . . . | Tungabhadra. |
| Ayurveda-Madhayama . . . | Shravan Mas Dakshina Pareeksha Samiti. | Baroda. |
| Ayurvedopadhyaya . . . | Maharaja Sanskrit College . | Jaipur. |
| Ayurvedaratna . . . | Shravan Mas Dakshina-Pareeksha Samiti. | Baroda. |
| Ayurveda Shastri . . . | Maharaja Sans. College . | Jaipur. |
| Ayurveda Shastri A.M.B. . | Govindsundaru Ayurvedic College. | Culicut. |
| Ayurvedashiromani . . . | Prem Vidyapeeth . . . | Tungabhadra. |
| Ayurvedashiromani, (Vrindavan) | Gurukul University . . . | Vrindavan. |
| Ayurveduttama . . . | Sravan Mas Dakshina Pareeksha Samiti. | Baroda. |
| Ayurvedavidwan L.A.M.S. . | Govt. Ayur. & Unani College . | Mysore. |
| Ayurvedavisharad . . . | All-India Ayurveda Manamandal Vidyapeeth. | Lahore. |

| Examination | Examining Body | Place |
|---|--|--------------|
| Ayurvedavisharad | Rajkiya Sans. Maha-Vidyalaya. | Baroda. |
| Ayurvedavisharad (D.A.S.F.) . . | (1) State Faculty for Ayur. Systems of Medicine. | Bombay. |
| | 2. Faculty of Ayur. & Unani Systems of Medicine. | Bombay. |
| Ayurvedavisharad (Sastra) . . . | Aryangla Vaidyak Mahavidyalaya | Satara. |
| Ayurvedyavisharad | } Tilak Maharashtra Vidyapeeth . | Poona. |
| Ayurvedyaparangat | | |
| Ayurvedateerth | Ayurveda Mahavidyalaya . | Ahmednagar. |
| A.M.S. | } Banāras Hindu University . | Banaras. |
| A.M.M.S. | | |
| Ayurvedalankar | Gurukul University . . . | Kangri. |
| Bhishak L.P.A.C. | Prabhuram Ayur. College . | Bombay. |
| Bhishagacharya | Maharaja Sans. College . | Jaipur. |
| Bhishagacharya, M.A.M.S. . . . | J. B. Ashtang Ayur. College . | Calcutta. |
| Bhishagacharya Dhanwantari . . | Ayur & Unani Tibbi College . | Delhi. |
| Bhishagindu | Prem Vidyapeeth | Tungabhadra. |
| Bhishagratna L.A.M.S. | J. B. Ashtang Ayur. Vidyalaya . | Calcutta. |
| Bhishagwar | Karnatak Ayur. Vidyapeeth . | Belgaum. |
| Bhishagvar (Bijapur) | Arya Vaidyak Shala . . . | Bijapur. |
| Bhishagvar (Jaipur) | Maharaja Sans. College . | Jaipur. |
| Bhishagvar A.A.M.S. | Prabhuram Ayur. College . | Bombay. |
| Bhishagvar, G.P.A.C. | Prabhuram Ayur. College . | Bombay. |
| Grihitayurveda | Ayurveda Vidyalaya Sanstha . | Ahmednagar. |
| Grihitayurvedashashtra D.A.M. or L.A.M. | U.P. Ayurveda Mahavidyalaya. | Patan (N.G.) |
| Vaidya | All-India Ayurveda Mahamandal Vidyapeeth | Lahore. |
| Vaidyabhanu | Prem Vidyapeeth | Tungabhadra. |
| Vaidyabhushan | Shravan Mas Dakshina-Pareclasha, Samiti. . . . | Baroda. |
| Vaidyaguru | Prem Vidyapeeth | Tungabhadra. |
| Vaidyakalanidhi | Govt. Ayur. College . . . | Trivendrum. |
| Vaidyaratna | Shravan Mas Daksheena Pareksha Samiti. . . . | Baroda. |
| Vaidyashastri | Maharaja Sans. College . | Jaipur. |
| Vaidyavachaspati | Dayanand Ayur. College . | Lahore. |
| L.I.M. | Board of examiners in Indian Medicine. | Madras. |
| Vaidyavar L.P.A.C. | Prabhuram Ayur. College . | Bombay. |
| Vaidyavidyavisharad | Dhootpupaeshwar Ayur. Mahavidyala. | Panvol. |
| D.I.M. | Rishikul Ayur. College . | Hardwar. |
| <i>Unani</i> | | |
| Mahire-Tib-O-Jarahat (D.U.S.F.). | State Faculty of Unani Systems of Medicine. | Bombay. |